

THE AMERICAN MEDICAL MONTHLY.

APRIL, 1857.

ESSAYS, MONOGRAPHS, AND CASES

On the Use of the Iodide of Potassium in Hydrocephalus; a Report of Five Cases. By C. V. W. BURTON, M.D., Lansingburgh, N. Y.

Of over forty cases of hydrocephalus treated by this remedy, and in the opinion of many of my medical friends, with unusual success, I present the following as being the most striking, and as possessing points of the greatest interest :—

CASE I. A son of Mr. M—ll, aged fourteen months. Four days previous to my being called in to see the patient, the mother's attention was drawn to its drooping appearance and occasional starting during sleep. In the night it had a slight convulsion, but seemed better in the morning, and continued comfortable until evening, when fits of screaming came on, which the parents supposed might arise from pain in the bowels, and accordingly gave some paregoric. During the greater part of the following day it seemed more or less drowsy, which was attributed to the effects of the remedy, and in the night it had another convulsion, which lasted longer and

was more severe than the former. I was called in early next morning and found the patient quite comatose. The body was rigid and much colder than natural, a clammy sweat pervaded the surface, the hands were clenched, and the pupils of the eyes largely dilated.

On interrogating the mother, I learned that the child had been more eager for its nourishment than usual for a week or more, and would not be satisfied unless suffered to remain at the breast most of the time. There was no distention of the bladder, although according to her account it had not passed urine in three days, there had been no diarrhoea, nor had it received any injury of the head.

On examining the gums I found them a little distended and at once scarified them freely, ordered the feet to be placed in warm water, frictions with turpentine along the spine, and enemata of the same in emulsion. After repeated attempts I succeeded in getting it to swallow about three grains of calomel in a spoonful of castor oil. After waiting an hour I commenced giving a solution of the iodide of potassium in one grain doses, and continued it hourly five successive days and nights, during which time, the only perceptible change to be observed was a gradual return of flexibility to the body and an occasional movement of the lower extremities. Not the slightest evidence of vision was manifest until the fifth day of my attendance. From this time the improvement was more marked although it was very gradual. The remedy was continued at intervals of two hours for two days longer, after which once in three hours, until the quantity taken amounted to 168 grains. At this stage of the disease a vesicular eruption, not unlike varicella, appeared on the occiput, and soon spread over the whole scalp, lasting three or four days. All remedies were now discontinued, and the improvement was quite marked from day to day. It was nearly a year before the child made any attempts at walking, although it walked very well before the attack. He is now nine years old, a fine intelligent lad, in all respects perfectly well except that he has no use of his arms, while the fore-arms are perfectly under his control, playing at ball and other games with his companions as well as the best of them.

CASE II. A daughter of Mr. D—, aged three years. For a week or more previous to my being called the patient had vomited several times a day, but had not been confined to the house. The mother supposing it proceeded from a deranged state of the stomach administered some syrup of rhubarb. As no benefit was derived from the medicine and the child began to show signs of stupor she

became somewhat alarmed, but deferred sending for me until the morning following. It was with the greatest difficulty that it could then be aroused. The pulse was frequent and full, the face flushed, and the head hot. Convulsive movements were frequent, while at other times the body and limbs remained quite rigid. I abstracted about $\frac{3}{4}$ iv of blood which produced a decided effect, enabling it to swallow a few grains of calomel. A stimulating enema was then given, sinapisms were applied to the spine and feet, and cold water to the head. After waiting an hour I commenced the administration of the iodide of potassium in two grain doses once an hour, and this was continued until the following morning with but little if any change in the symptoms. Dr. L——, an experienced practitioner, was now called in consultation; he advised the continuance of the remedy with an occasional small dose of calomel. This course was persevered in until the next morning, when the child exhibited some signs of improvement, being enabled to move its limbs slightly. We now concluded to discontinue the mercurial and follow up the iodide, which we did for forty-eight hours longer. By this time it began to notice those who were in attendance upon it, as well as to take some nourishment and move its limbs quite naturally; the remedy was continued in one grain doses every third hour for two days longer, when it convalesced rapidly and the medicine was withdrawn entirely.

The child is now eleven years old, well developed and healthy in appearance, but has never recovered the sense of hearing, nor can she utter a syllable though she will sometimes make a noise to attract the attention of others. Before the attack she could talk very distinctly.

It is proper to state that the mother of the child has great difficulty of hearing as a sequel of scarlatina.

CASE III. A son of Mr. P——, aged three and a half years. The mother of this child came to consult me about it, saying that it had been unwell for several days past, and could not retain any food; she had given it vermifuge about two weeks ago when it seemed unwell, and although no worms passed it soon got better. At this moment I received an urgent call to another case and gave the woman a dose of calomel to give the child, and told her I would visit it at my earliest convenience, which was not until the next morning, when I found the cathartic had operated; the vomiting had continued but with longer intervals. It was lying upon its side: the pupils of the eye largely dilated, pulse frequent and feeble, and a profuse perspiration bathed the whole surface; the head and limbs were drawn

backwards, and with the body formed a complete semi-circle. It had not articulated through the night, but would frequently scream out so loud that it might be heard in the street, at which time the opisthotonos was greatly increased. The patient was immediately placed in a warm bath and suffered to remain about fifteen minutes, after which a cloth wet in spirits of turpentine was applied over the spine. Although the difficulty of deglutition was great, we succeeded in getting it to swallow two grains of the iodide of potassium, which was repeated at intervals of one hour until the next morning. By this time the rigidity of the body had become much less, the pulse had more character, and the vomiting had nearly ceased. The same treatment was persevered in the succeeding forty-eight hours, with the addition of an enema of turpentine. The improvement now became quite manifest to all; vision and hearing was gradually restored: it was also enabled to articulate short words. The treatment was continued two days longer, when all remedies were withdrawn and the case was left to the efforts of nature.

At the present time he is ten years of age, and in all respects a healthy lad, with the same loss of power over the superior extremities as in CASE I.

CASE IV. On the 9th of February, 1852, I was summoned in haste to see a child of Mr. B——, aged two and a half years. From the mother, who is an intelligent English woman, I learned that the child had been quite ill six or seven days, during which time it had several convulsions, for the relief of which they had resorted to warm baths and the administration of salt and water, as they supposed them to be occasioned by worms.

It was in the bath when I arrived and very much convulsed. I allowed it to remain until an enema of turpentine had been prepared,—it was given and repeated before any effect was produced. The convulsions soon ceased, the discharge from the bowels was small and exceedingly offensive; after the evacuation the body and limbs suddenly became quite rigid, the countenance pale, while the pulse could scarcely be felt at the wrist. I concluded the child was dying, and for a time avoided any farther interference; in a short time, however, the eyelids gradually opened, showing the pupils greatly dilated; the pulse soon became more distinct and frequent. A tendency to opisthotonos now became manifest, which soon increased very much, but was relieved as if by magic, by the application of a cloth wet in chloroform to the spine. As soon as it could be made to swallow I gave the iodide of potassium in two grain doses hourly, which was

continued until it had taken 144 grains, it was then continued in doses of half the quantity until it had taken 150 grains more. I should have continued still longer had not salivation occurred, which I may here mention is not very uncommon.

In this case there was complete paralysis for six days, which subsided gradually, the arms being the last to recover. Vision and hearing were restored in a measure on the fourth day, but the patient was unable to speak for nearly two weeks. He is now in perfect health.

CASE V. Was a child of Mr. S—, aged two years. This patient had been suffering from chronic diarrhœa for some weeks before I was called, which was on the 20th September, 1852. Various remedies had been resorted to without affording anything more than temporary relief. I found the child in convulsions, and was informed that it had been in that condition for nearly an hour. Although the gums were not much swollen I scarified them freely, ordered an enema of soft soap and water (as being the most convenient), which operated promptly, overcoming the spasms entirely. The patient remained in an unconscious state nearly thirty hours. It was by this time enabled to swallow a little water, on which I floated down four grains of calomel. The pulse during the whole time was frequent and feeble. I should have mentioned that during the greater part of the time the head, as well as the right arm and leg, was in constant motion, while the left side was completely rigid and motionless. The calomel acted upon the bowels in about six hours after its administration, producing a small tarry looking discharge without any great odor.

In this case I commenced giving the iodide an hour after it took the calomel, in one and a half grain doses, repeated hourly for forty-eight hours, during which time the pupils of the eye, which were dilated to their fullest extent, began to contract slowly, and the involuntary motion to become less, until they ceased entirely. The iodide was continued in one grain doses for the next twenty-four hours, when the interval was prolonged to three hours, and continued until satisfied that the symptoms were increasing, when I was compelled to resort to the full dose again. This was then persevered in until all the formidable symptoms ceased, which was about in sixty hours.

This patient seems delicate still, but is enabled to walk with support, and is beginning to articulate quite well. Although it is now four and a half years old it is not larger than ordinary children are at three years.

Selections from Favorite Prescriptions of Living American Practitioners. By HORACE GREEN, M.D, LL.D., &c.

Emetics and Expectorants.

We may arrange Emetics and Expectorants together, inasmuch as some of the direct emetics are among the best remedies for promoting expectoration; although as therapeutical agents, and in a pharmacological sense, they are widely different in many instances.

Emetics are those substances which excite vomiting. *Expectorants* are the medicinal agents which possess the property of increasing the secretion from the pulmonary mucous membrane. Direct emetics operate by an irritation which they cause of the gastro-duodenal surface. The production of vomiting has been thus explained: "The irritation of the stomach makes a call upon the brain for the aid of the diaphragm and the abdominal muscles, in order to expel its contents; the diaphragm then becomes contracted and fixed, the ribs drawn down, the abdominal muscles drawn inwards, so that the stomach is pressed on all sides by voluntary muscles, which, together with its own contraction, expels the contents."

In the administration of an emetic, the irritation of the gastric and duodenal surface is communicated to the mucous follicles of these parts, by which the ordinary exhalation is accelerated and greatly increased; the irritation of the mouths of the excretory ducts of the liver and pancreas, which, as we have seen, open on the duodenal surface, is transmitted to these glands, by which their fluids become quickly augmented, and the bile thus secreted in increased quantity, flows into the duodenum, from thence it ascends into the stomach and is rejected by the mouth. "We are not to suppose that all the bile passed by vomiting existed in the stomach or *primæ viæ* before the emetic was taken. The secretion of this fluid is caused by the emetic, and is the result of its influence upon the liver."*

In the operation of an emetic, not only is an action aroused in the viscera, to which we have alluded, but an irritation is communicated, through the nervous filaments of the stomach, which are received from the pneumogastric nerve to the medulla oblongata, and finally to the whole ganglionic system of nerves; so that, by reason of the sympathetic connections which the stomach maintains with the different centres of innervation, the shock caused by the administration of an emetic is at once transmitted throughout the entire system. Hence

* Manual of Gen. Thera., p. 254.

it is that the well-timed exhibition of an appropriate emetic will often destroy disease in embryo.

As in selecting cathartics the physician is guided by the indication to be fulfilled, so in the administration of emetics it is important that the emetic agent chosen should be adapted to the existing circumstances or nature of the disease prescribed for.

There often occurs a morbid state of the digestive organs, manifested by a sense of fullness in the epigastrium, a loss of appetite, a bitter taste in the mouth, the tongue is moist, and is covered with a whitish coat; symptoms which indicate turgescence of the liver, and a congested condition of the gastro-duodenal mucous membrane. Under such circumstances the following emetic is indicated:

R. Ant. et Potassæ Tartrat. - gr. ij
 Ipecacuanhæ pulv. - - - - - ʒj
 Aquæ Puræ - - - - - ʒiv

Fiat mistura, sumat cochleare j amplum omni horæ quadrante donec super venerit vomitas.

In administering tartarized antimony to young children, great caution should always be observed. We have before attempted to show the uncertain, energetic, and often dangerous effects of this powerful agent, when administered in continued doses to young persons.* In membranous croup, and some other acute diseases of children, emetic tartar, when employed to a certain extent, and with that caution which should always be observed when administering so powerful an agent, is an invaluable remedy; but after one or two exhibitions of this remedy some other agent should be substituted, when it becomes necessary to repeat the emetic operation in the course of the progress of the same disease.

R. Ant. et Potass. Tart. - - - gr. j
 Ipecacuanhæ pulv. - - - - - ʒss
 Aquæ tepidæ - - - - - ʒiv

M. Fiat mistura, sumat cochleare parv. omni horæ quadrante ad emesim.

In the commencement of croup, the above may be administered in teaspoonful doses, once in five, ten, or fifteen minutes, according to the urgency of the symptoms, until vomiting is effected. Should the continuance and severity of the disease require the emetic operation to be several times repeated, the following combination may be substi-

* Observations on the Pathology and Treatment of Croup. pp. 104-7.

tuted. We have found it to be one of the most certain, efficacious, and safe emetics that can be administered.

- R. Zinci Sulphatis - - - gr. x
 Ipecacuanhæ pulv. - - - ℥j
 Aquæ tepidæ - - - ℥iv
 M. Fiat mistura.

This emetic may be administered under the same circumstances as the preceding, and to the same amount.

Turpeth Mineral is another active mineral emetic, much employed by some practitioners in New England, in the treatment of membranous croup.

Some years ago the attention of the profession was called to the properties of this remedy by Dr. Hubbard, of Maine, who highly recommends it as a certain and sure remedy in croup.

- R. Hydrarg. Sulph. Flav. - - - gr. x
 Syrupi Simplicis - - - ℥ss

M. Cap. cochl. parv. j omni horæ quadrante, ad effectum.

In cases of poisoning, where it becomes important to evacuate the stomach as quickly as possible, and to prevent absorption, an emetic which occasions but little nausea, and operates promptly, should be selected

- R. Cupri Sulphatis - - - gr. x
 Aquæ tepidæ - - - ℥ij
 M. Fiat haustus emeticus.

- Vel. R. Zinci Sulphatis - - - gr. xv
 Aquæ tepidæ - - - ℥ij
 M. Fiat haustus emeticus.

In the treatment of hæmorrhage, particularly hæmorrhage from the lungs, some eminent American practitioners are accustomed to place much reliance on the use of nauseating emetics, it being well known that the force of the circulation is greatly diminished during the period of nausea. The following is a suitable emetic in hæmorrhage :

- R. Ipecacuanhæ pulv. - - - ℥j
 Aquæ menth. Pulegii - - - ℥iv

M. Fiat mistura, sumat cochleare mag. j omni horæ quadrante ad emesim.

In the treatment of chronic diarrhœa and dysentery emetics act in some cases as revellents, and thus prove very serviceable.

- R. Ipecacuanhæ pulv. - - - gr. xv
 Aquæ menth. pip. - - - ℥iv
 M. Fiat mistura.

The above may be given in divided doses in chronic diarrhœa.

Among the vegetable emetics are two remedies much used among some American practitioners, particularly in the treatment of croup, and spasmodic asthma; these are the *Sanguinaria canadensis* and the *Lobelia inflata*. *Bloodroot* is an acrid, stimulating emetic, and has been highly extolled by some physicians, in croup, in asthma, and in pertussis. It is administered as an emetic in the form of infusion, and the saturated tincture of the root.

R. Sanguinariæ canadensis - - ʒi
 Aquæ ferventis - - Oss

Macera. sumat cochl. ampl. omni horæ quadrante ad emesim.

The tincture of *Sanguinaria*, administered in teaspoonful doses, is equally effective as an emetic.

Lobelia is an active and powerful remedy, and is seldom employed as an ordinary emetic. But in the treatment of Spasmodic Asthma, it is esteemed by many as a most efficient and valuable therapeutic agent. The officinal tincture is the best form in which to administer lobelia as an emetic. In asthma, it may be given in doses of from one to two fluid drachms, repeated every half hour, or oftener, until vomiting occurs, or relief is obtained. If continued for any length of time, however, in full doses, it is apt to produce distressing relaxation. It is therefore advised not to continue the remedy beyond three or four doses, if vomiting does not follow.

To relax the spasm, in attacks of asthma, some practitioners administer the tincture in half drachm doses every half hour, sufficient to effect nausea for a time without producing vomiting, and they ascribe to the medicine thus exhibited most extraordinary efficacy, occasionally, in the paroxysm of spasmodic asthma.

R. Tinct. Lobeliæ Inflatæ
 Syrupi. Scillæ - - aa ʒi
 Misce. sumat M. xx vel xxv bis terve in die.

The above combination has been recommended by experienced physicians in the treatment of whooping cough. In doses of twenty or thirty drops, it may be administered with safety, and often with much advantage, several times a day to young children affected with whooping cough.

Expectorants, we have stated, are those medicinal agents which are supposed to have the power of increasing the secretion from the pulmonary mucous membrane, and of aiding in the expulsion of secreted matter from the air-passages. Expectorants are frequently given in combination with alteratives; and, to allay irritation, in some forms of bronchial and pulmonary disease, they are, with advantage, frequently combined with sedatives.

In chronic bronchitis, and in catarrhal affections, after the inflammatory symptoms are somewhat subdued, we have found, after much experience in its use, the following to be a most valuable expectorant :—

R.	Decoct. Polygalæ Senegæ	℥iv
	Potass. Iodid. - - -	℥ij
	Vini Antimonii - - -	℥ss
	Syr. Tolutan - - -	℥iss

M. Fiat mistura, capiat cochl. parvum bis terve in die.

A similar combination is highly recommended by Dr. Stokes for the treatment of bronchitis.*

For cases of chronic bronchial disease, attended with profuse expectoration, the subjoined stimulant expectorant has been much commended :—

R.	Misturæ Ammoniaci - -	℥vi
	Syr. Scillæ - - -	℥i
	Tr. Opii Camph. - - -	℥ss
	Tinct. Hyosciami - - -	℥i
	Vini Ipecacuanhæ - -	℥ij

M. Fiat mistura. ejus capiat cochl. mag pro dosi.

In the treatment of both bronchial and pulmonary disease the following mixture is highly recommended by an eminent physician of Connecticut :—

R.	Syrupi Scillæ Camp.	
	Syrupi Tolutan. - -	aa ℥ij
	Tinct. Sanguinariæ - -	℥j
	Tinct. Lobeliæ - - -	℥vj
	Tinct. Camphori - - -	℥ij
	Acidi Hydrocyanici - -	m. xl

M. Fiat mistura, sumat cochl. parv. pro re nata.

When the cough is severe, from two to four grains of the sulphate of morphia may be added to the above mixture.

R.	Polygalæ Senegæ pulv. -	℥ij
	Ipecacuanhæ pulv. - -	℥j
	Mel Opt. - - -	℥ij
	Aquæ fervent. - - -	℥vj

M. Fiat mistura ejus sumat cochl. parv. pro re nata.

* Among the local or specific stimulants in Bronchitis," says Dr. Stokes, in his work on Diseases of the Chest, "I know of none to be compared with the following :—

R.	Decoct. Polygalæ Senegæ	℥v
	Syr. Tolu. Tr. Opii Camph.	
	Tinct. Scillæ - - -	aa f.℥ij
	Ammoniac Carb. - -	gr.xv vel xx

M. Fiat mistura."

The above is the ordinary expectorant prescribed by Prof. ———, of Philadelphia, in the treatment of catarrhal affections. It is a very useful remedy in the early stage of bronchial irritation, and may be employed before the more stimulant expectorants are indicated.

In catarrhal and bronchial inflammation of children, when it becomes important to promote promptly the expulsion of phlegm from the bronchi, the following combination will be found to be of great efficiency :—

R. Decoct. Polyg. Seneg., - - - ʒij
Oxymel Scillæ.
Vini Ipecacuanhæ - - - aa f.ʒij
Vini Antimonii - - - ʒss

M. Et exhibe m. xv—xxv omni horæ quadrante ad emesim.

After the occurrence of nausea or vomiting, it may be administered in diminished doses once in two hours, sufficient to promote expectoration.

As stimulant expectorants the balsams are frequently employed, alone or in combination with nauseants and sedatives. Among this class of remedies the Canadian Balsam is one of the most agreeable and useful, and is much employed in some parts of the United States and in the Canadas.

R. Balsam Canadensis.
Liquor Potass. - - - aa ʒj
Vini Ipecacuanhæ - - - ʒss
Syrupi Tolutanis - - - ʒiss
Aquæ Font. - - - ʒij

M. Fiat mistura, sumat cochl. parv. bis terve in die.

A useful remedy in chronic catarrhal and bronchial affections.

The following combination is the favorite expectorant and cough mixture of a distinguished physician of Montreal :—

R. Balsam Canadensis - - - ʒvj
Potass. Cyanidi - - - gr. iss
Tinct. Aconiti - - - f. ʒj
Liquor Potass. - - - ʒj
Syrupi Tolutan. - - - ʒss
Aquæ Font. - - - ʒijss

M. Fiat mistura cujus sumat cochl. parv. pro re nata.

In chronic bronchial disease, and in long-continued catarrhal affections which are attended with a copious muco-purulent expectoration, the balsam of copaiba is a valuable stimulant expectorant.

R. Copaiferae Officialis - - - ʒss
Tinct. Opii Camph. - - - ʒj
Vini Ipecacuanhæ - - - ʒss
Syrupi Acaciæ - - - ʒij
Ol. Gaultheriæ - - - gtt xx

M. Fiat mistura, capiat cochl. parv. bis in die, vel scœpius.

In the treatment of chronic diseases of the air passages, the following mixture is strongly recommended by an experienced practitioner, as an efficient remedy for allaying the cough and diminishing the expectoration :—

R.	Morphiæ Acetat.	-	-	gr. iv
	Potass. Cyanidii	-	-	gr. iij
	Vini Antimonii.			
	“ Ipecacuanhæ	-	-	aa f. ʒij
	Tr. Sanguinariæ	-	-	ʒss
	Syrupi Tolutanis	-	-	ʒiij

M. Fiat mistura ejus capiat cochl. parv. ter quaterve in die.

As a mild expectorant for young children, when threatened with an attack of croup, or in the commencement of bronchitis or catarrhal fever, the following mixture will prove highly useful :—

R.	Vini Ipecacuanhæ	-	-	f. ʒiij
	Syrupi Tolutani	-	-	ʒv
	Mucilaginis Acaciæ	-	-	ʒj

M. Fiat mistura, sumat cochl. parv. omni horâ vel quâque secundâ horâ.

COLUMBUS, Ill., February 16th, 1857.

Editors of the American Medical Monthly :

Dear Sirs : I take the liberty of sending you the following report for the MONTHLY, if you should deem it worthy of a place in your journal :

February 9th, 1857. I was called at 6, P. M., to Mrs. C., with her first child. Labor had commenced at 6 A. M. Found the os almost fully dilated, the face presenting, with the forehead turned towards the right acetabulum. The labor was tedious—forty hours in all. This we were partly prepared for, from the character of the presentations, but were surprised to find the head, after it was expelled from the os externum, thrown back upon the shoulders; and notwithstanding the most forcible bearing-down efforts, and careful manipulation, the occiput remained closely in contact with the external labia until after the shoulders and anterior part of the thorax were expelled. The cause of this strange phenomenon was at length explained by the expulsion of a large tumor, which was attached to the posterior border of the parietal and upper part of the occipital bones. The tumor measured nine inches in length, sixteen inches in its greatest circumference, and five inches around the neck. After a

careful examination of the tumor, I gave it as my opinion that it was the result of hydrocephalus. My diagnosis was confirmed by subsequent puncture, which showed its contents to be wholly serum.

The points of interest in this case are—the rare occurrence of such tumors; that the powers of nature were sufficient to complete the labor, notwithstanding the large dimensions of the tumor, and that the child was of ordinary size. The child breathed a few times, and the pulsation in the cord was distinct after it was born; but it soon died. The mother is recovering rapidly.

Quere: Was the tumor the cause of the abnormal presentation?

S HENRY, M.D.

[Yes, without doubt. Its position on the head, its size, and the resultant of the forces applied to expel the child, all must carry the face forward, as the presenting part.—[EDS. MONTHLY.]

Extracts from Foreign Journals. Prepared expressly for THE AMERICAN MEDICAL MONTHLY.

The Importance of Hemoptysis as a Sign of Pulmonary Phthisis.

Read before the Academy of Sciences, by Dr. EDWARD DE LAMARE. (From the *Gazette Medicale*.)

All pathologists agree in regarding hemoptysis, or spitting of blood, as a symptom of the invasion of the pulmonary parenchyma by tubercles, which are deposited, not as has been advanced, in the pulmonary vesicles, but in the inter-areolar cellular tissue, not only of the lung, but also of the other organs. Although hemoptysis may be very frequently a sign of phthisis, there are cases, rare to be sure, yet undoubted, of idiopathic hemoptysis, which are not allied to any affection of the air-passages. M. Louis, in his treatise upon pulmonary phthisis, says that the cases of idiopathic hemoptysis are to those which depend upon phthisis as 1 is to 2,400, which is the same as to say that when an individual spits blood, there is little doubt that he is tuberculous. The experience resulting from my own observations, leads me to lay down this relation as 1 to 66; which still making phthisis the most usual condition, yet greatly enlarges the field of exceptions; for 66 : 2,400 : : 1 : 36½. Consequently, still maintaining the gravity of the prognosis after hemoptysis, my calculation, made from patients submitted to my observation, is 36 to 37 less unfavorable than that given by M. Louis.

In making these statistics I have rejected all doubtful cases, and have only admitted those as idiopathic hemoptysies which, dating back fifteen years, were neither preceded nor followed by a cough, even of a few days, nor by loss of flesh, nor loss of strength, in persons who had no hereditary tendency to phthisis, who were not subject to colds, and whose lungs, examined by myself fifteen years after the accident, by means of auscultation, were found perfectly healthy.

There is a difference between men and women as regards idiopathic hemoptysis. It is more frequent in women whose menstrual evacuations often, either suppressed or diminished, tend to be replaced by supplementary hæmorrhages; thus, while for the two sexes united the relation is as 1 to 66, it is as 1 to 132 for men, and as 1 to 33 for women.

I do not designate by hemoptysis, a few streaks or spots of blood which one may eject with the sputa without being consumptive, but the expectoration of a considerable quantity of blood.

Independently of hemoptysies purely idiopathic, there are individuals who spit blood under the influence of a tuberculous disease, but in whom, however, this disease remains almost stationary, and in the latent state, while they are in good hygienic conditions. These individuals, it may be stated, give birth to children who ordinarily appear phthisical before they reach the age of their parents. It is evident that in this hereditary transmission, the intensity of the disease had increased a step.

As to the frequency of hemoptysies in pulmonary phthisis, the observation of facts prevent me from subscribing to the statement made in M. Louis' work, that one-half of consumptives have hemoptysis, while the other half have none. The cases accompanied by spitting of blood, are more frequent than those in which this sign is absent. The relation is as 75 to 55. Finally, while idiopathic hemoptysis is more frequent in the female than in man, it is the contrary as to hemoptysis due to pulmonary phthisis. For instance, from 130 consumptives submitted to my observation, of which 65 were men and 65 women, 75 had spat blood, of which 45 were men and 35 women.

Upon a Method of Treatment Preventive of Puerperal Fever. By M. PIEDAGNEL. (From the *Gazette Medicale*.)

M. Piedagnel communicated to the Academy of Sciences, Paris, in its sitting of Nov. 24, 1856, the following note upon a method of Treatment Preventive of Puerperal Fever:—During an epidemic of

puerperal fever, at Paris, lying-in women were distributed through the various hospitals, and a certain number were received into the wards at Hotel Dieu, under the charge of M. Piedagnel, Conscious of the uncertainty of medication against this disease, M. Piedagnel thought it might not be impossible to prevent its occurrence, and forthwith endeavored to discover the means.

Knowing that quinine had often been employed with advantage in this disease, and that it prevented the access of pernicious intermittent fever, a disease usually more severe than puerperal fever, and recalling that during the cholera of 1853-54 he had obtained undoubted preventive results from its use; knowing also that iron, which has a positive action upon all the economy, has also been employed with advantage against puerperal fever, it seemed that by associating them good results might accrue from their administration. But as puerperal fever ordinarily commences suddenly, and is not always preceded by any partial alteration, he thought the administration of these medicaments, which could not produce any injurious result, might be made before the appearance of the disease, when its irruption was feared.

The patients he received were well watched, and kept carefully clean. The windows of the wards were kept open almost all the time, even at night, when the weather would permit; fire was kept day and night in the stoves, so as to produce currents of air, and the treatment used was as follows:—

As soon as a woman entered the wards to lie-in, or if she had been delivered, she took two pills, each containing about one and a-half grains of quinine and fifteen grains of sub-carbonate of iron, and in the evening the same quantity; and as long as she remained in the hospital she took morning and evening the same dose, drinking linden-flower water and a bottle of Spa water. All the functions were watched and preserved as much as possible in their physiological integrity. This was the treatment in simple cases, but in those in whom the signs of the fever had become developed, the dose of the medicament was increased progressively each day as high as 5, 10, and 15 grains of the sulphate of quinine, and of a 5j to a 3iiss of the iron. As soon as the symptoms became milder, the amount of the medicaments were reduced.

Of 94 women delivered under his care, one only died of puerperal fever contracted in his wards.

Medicinal Substances introduced into the Large Intestine by Enemata.

By M. BRIQUET. (From the *Gazette Hebdomadaire*.)

M. Briquet read before the Academy of Medicine, Paris, Session of Dec. 30, 1856, a paper entitled "upon the absorption of medicinal substances introduced into the large intestine under the form of enemata," from which he drew the following general conclusions:—

1. The liquid comprising the enema can easily reach the cæcum, and consequently come in contact with a very extensive absorbing substance.

2. The mucous membrane of the large intestine and the fluids which cover its surface, have no chemical action upon the substances introduced into the large intestine, and that there is no absorption of anything which was not primitively in solution.

3. When any of the soluble salts of quinine are administered in enema in doses below fifteen grains, a little more than a third of the quantity administered is eliminated, and consequently has been absorbed.

4. When more than fifteen grains are administered it is not tolerated well, and only a fifth or a sixth of it absorbed.

5. At whatever dose the sulphate of quinine may be given, it produces ordinarily the cerebral symptoms, very slowly and very imperfectly.

6. Traces of elimination and consequently of absorption, are not observed till an hour after the administration of an enema, and then it is very slight.

7. The duration of the elimination is generally quite short and ordinarily from two to three days at the longest.

8. The greater or less quantity of the liquid, yet limited to a certain degree, the more or less viscid nature of the liquid, and finally the addition of the salts of morphine to the alkaloids of cinchona, do not sensibly modify the absorption.

9. Young people absorb better than adults; old people of both sexes badly.

10. The alkaloids of cinchona administered in enemata in doses below fifteen grains, can produce in this way, all the effects to be expected from the exhibition of these alkaloids in small doses, by the mouth, and can very well take their place.

11. The same is not true of those cases where a large dose is required; there is not sufficient absorption to produce the severe stupefying effects.

12. More than thirty grains of sulphate of quinine at a time cannot generally be tolerated by the large intestine.

These conclusions are applicable more or less, exactly to the different substances employed in enemata.

Upon the Use of Glycerine as a Topical Therapeutical Agent. By M. LUTON. From the *Comptes Rendus de la Société de Biologie*.

Glycerine is an unctuous liquid not susceptible of evaporation. Although it has the appearance of an oil, it has the physical characteristics of a syrup; it is also soluble in water. By its first two properties, it prevents, as well as cerate and other fatty substances, the dressings from adhering to wounds. By its solubility in water, an extremely important quality, it permits wounds to be kept clean without the necessity of washing them a great deal. Indeed wounds dressed with glycerine, never have those crusts of pus and cerate formed over them, which can only be raised by means of a spatula, and with pain to the patient. It is ascertained, too, by observation, that it is seldom necessary to wash the wound, all that is needed is to cleanse it gently by means of a sponge.

We shall see that glycerine evidently modifies the abundance of the suppuration, and again, being a very hygrometrical substance, it keeps the parts in a constant state of humidity and prevents the products of exudation from becoming dry and hard. To obtain this it is indispensable to employ the glycerine in abundance, and to saturate the charpie and the perforated linen with it, while in order to avoid the inconvenience arising from the use of the cerate, when the latter is used, the dressings are hardly covered by it.

It is asked if glycerine preserves wounds from the contact of air as well as fatty bodies. The action of fatty bodies in this relation, is very imperfect; they cannot cover a bloody surface. Glycerine, on the contrary, from a quality the reverse of this, comes more directly in contact with the denuded part. It protects it against the air as well as a wet cloth or a cataplasm. It softens the charpie more readily, and is absorbed better, and with it the exuded fluids which it dilutes, and which the cerate under the same circumstances cannot do, for it rather opposes the absorption of the watery fluids.

Fatty bodies, preventing the evaporation of the humors upon the denuded surfaces, or even upon the skin, keep up a high temperature.

Glycerine, from its affinity for water, also arrests evaporation by retaining the exuded liquids, and accomplishes equally well this

object. To prove this, it is only necessary to cover the lips cracked by cold, with glycerine; a decided heat is soon felt in them, even when you are in the air, and the pain is greatly relieved.

Glycerine then, from its peculiar physical properties, triumphs over fatty bodies as a dressing for wounds.

But the advantages of glycerine in the dressings of wounds are not thus limited. It possesses, independently of the qualities we have just indicated, a very remarkable topical action, which should seriously interest the surgeon. To show this action, the author points out the different cases in which it has been applied, in the service of M. Demarquay at the St. Louis Hospital, limiting himself simply to announcing generally its salutary effects.

The first effect of the application of glycerine upon a denuded surface is a slight pricking, which sometimes produces an itching sensation, but which soon passes off, and is never complained of by the patient.

In simple ordinary wounds, accidental, or surgical, and exempt from complications, glycerine employed like cerate has no very manifest action. It conducts to a cure quite as rapidly as most of the neutral topical agents, and is only remarkable in its action by the slight suppuration which ensues, which, however, is one of the essential and general qualities of glycerine. Besides it has been observed that it never produces an exuberance of unhealthy granulations.

In the different degrees of burns, glycerine is of extremely easy application, and has also a very efficacious action. We have seen patients upon whom cauterization had been employed for white swelling, sciatica, &c., object to the glycerine dressing because it healed, as they said, too quick, and did not draw enough.

In the diptherite of wounds,—in that bad aspect which wounds sometimes take on in the Paris Hospitals during the first few days, dressings with glycerine are of essential service. Instead of assuming and preserving a grayish diptheritic appearance, they look red, and there is no exuberance of granulations.

In Hospital gangrene it proved of most marked benefit in one case following an extensive burn, in which quinine, lemon juice, mono-hydrated nitric acid, and the cautery had failed. It also succeeded in two other cases occurring in the hospital at the same time.

In deep wounds, in sinuous abscesses, glycerine was also used. It was introduced by means of a pledget of lint, or as an injection. The suppuration was diminished and the period of cicatrization

shorter. Injections were made into cold abscesses ; into abscesses by congestion, and into abscesses in contact with inflamed bones, and the happiest results attended its use.

Glycerine also succeeded admirably in the dressing of ulcers ; chronic ulcers, varicose, gangrenous, &c., cleaned rapidly under its influence, the unhealthy granulated surface gradually filled up, and cicatrized. Rest is always a powerful and necessary auxiliary.

Glycerine has no property antagonistic to the specific nature of chancres, but their surfaces rapidly become clean and take on a good aspect from its use, and although there are no positive data to be given upon the specific action in this class of ulcers, yet there is no dressing so convenient for chancres of the prepuce as lint saturated with glycerine.

This topical agent has also been employed in diseases of the neck of the womb. MM. Trousseau and Aran have tried it, but never with very satisfactory results. M. Demarquay has reaped great advantages from its use in simple or granular ulcerations of the neck. In chronic cases, or where the neck was large and tumefied, the different caustics were used, and among others, the cautery. Then the glycerine employed as a dressing, modified essentially the quantity of the secretions, which ordinarily follow the fall of the eschars.

It has also been employed in vaginitis, but the results are so inconclusive that they are not reported.

From this review of its application, it follows that the topical application of glycerine diminishes the abundance of the suppuration. It possesses a styptic influence, difficult to determine, but which by this virtue changes an impure and complicated wound into a simple wound, and consequently hastens its cure.

Abstracts of Reports of Hospitals, Dispensaries, &c., in Austria.

On the 30th December, 1856, Dr. A. E. Flechner gave in his report to the Medical Association of Vienna, upon the monthly and annual Sanitary Reports of the different Hospitals, Alms Houses, Dispensaries, Penal Institutions, Asylums, &c., of Austria, for the past year. The number received and examined exceeded two hundred, and embrace results from September, 1855, to October, 1856.

The following facts and items, gleaned by Dr. Flechner in his examination of these Reports, and interesting in their therapeutic and pathological relations, we translate from the *Österreichische Zeitschrift für Practische Heilkunde*.

It appears from the monthly reports of General Hospitals, that, in traumatic tetanus wine was administered with favorable results, accompanied at the same time by the use of carbonate of potash baths, followed by early use of opium and carbonate of potash. The autopsy, in a severe case of tetanus of ten days duration, disclosed in the body no material pathological changes. A case of chronic lead poisoning, accompanied with violent headache, and complicated with paralysis, was cured after nineteen days use of four drops daily of *chlorbrom* in two ounces of water. Diabetes mellitus was treated successfully by strict flesh diet, iron, tannin, and carbonic acid water. Tannin was of no avail in intermittents; on the other hand, berberin was employed with advantage in non-gastric diarrhœas. Glycerine did good service in bed-sores. A caustic agent, much esteemed in France, was experimentally tried with good results, viz: one part of pure liquor ammoniæ to two parts of oil. Poured upon cotton and laid upon the skin, lentil-sized blisters were raised in five minutes, which, being pricked, were sprinkled with morphia. Iodide of potassium repeatedly proved itself useful in cases of mercurial poisoning, and croton oil in cases of lumbago and sciatica, externally applied. Upon trial of Fleming's method for the itch, less favorable results were obtained than by that usually employed in General Hospitals. Favorable results followed the use of strychnia in paraplegia, and cantharides in incontinence.

Among other things, typhus deposits were found wholly wanting in exanthematous typhus; while, on the other hand, in an old apoplexy, with a slow pulse, in the course of which all the usual symptoms of typhus were absent, the body, upon examination, first showed the typhus process. Ulcerations of the larynx were often observed following typhus. A metastatic abscess developed itself in the upper arm of a patient convalescing from severe typhus, which being opened, showed a healthy disposition, but suddenly chills occurred, icterus, with pain in the liver, and very soon death. Upon examination of the body, the liver showed numerous abscesses of the size of a walnut. A fungus melanodes, appearing externally at first, in eighteen months extended inwardly, and invaded most of the internal organs. Melanotic formations were found in the pleura, peritoneum, and even in the muscular tissue. An apparently hysterical patient died with comatose symptoms, and the body showed, upon examination, melanotic degenerations in both hemispheres of the brain, as well as in the right lung, and several formations of the same kind in the omentum and mesentery. In an epileptic, whose

paroxysms were accompanied by violent vomiting and diarrhoea, sixty hydatids were found, of the size of grapes, in the cortical substance of the hemispheres of the brain, and one in the right corpus striatum. A tubercle of the size of a hazelnut was found in the right hemisphere of the cerebrum, the patient having exhibited no cephalic symptoms of disease during life. Fatal cases of puerperal fever, accompanied with icterus, left no traces of any affection of the liver. Union of the pia mater with the substance of the brain resulted in epileptic convulsions, loss of memory, and finally death; hypertrophy of the cerebrum was accompanied with loss of the sense of smell and taste, while that of sight was little disturbed. Cancer and tubercle were found together in the same individual. These two diseases are therefore considered not incompatible. Fatty liver and fatty spleen were found following secondary syphilis. An evidently increasing frequency was observed in reference to the last.

We select a few of the numerous observations made at the Wieden District Hospital, and interesting among these was a case diagnosed as phrenic neuritis, which, with extremely violent and painful hiccough, sensitiveness of the epigastrium, and pain in the points of attachment of the diaphragm, appeared in a young man, twenty years old, of good constitution, who had twice before suffered from the same affection, but of a milder form. Sulphate of quinine, in doses of five grains, morning and night, was exhibited with the most favorable results. The attacks, which at first seldom ceased longer than a few minutes, became from day to day milder and rarer. They wholly disappeared on the sixth day of treatment. Ulcerations of the larynx sometimes followed typhus; once, also, there was observed an extensive croup in the summit and posterior walls of the throat, and posterior nasal fossæ. During the cholera epidemic typhus cases ran their course with intermitting paroxysms. In one case, cystitis developed itself after cholera, followed by an extensive furuncular eruption, and death from exhaustion. A stubborn tertian, the paroxysms of which were accompanied by vomiting and diarrhoea, and which had been battled in vain for two weeks, at home, was cured in the Hospital by the use of corresponding doses of quinine and opium. A case of Bright's disease terminated with symptoms of cholera. In the body were found hæmorrhagic ulcerations of the stomach, and a pleuritic exudation. A drunkard lived twelve days after an apoplectic attack, although a clot of the size of one's fist was found in his brain after death. Veratria in increasing doses was successfully employed in facial neuralgia.

The reports of the Lying-in and Foundling Hospitals, including those of institutions for vaccination, deserve every acknowledgment. We here also make but a few selections, since the most important results, aside from these, are published in the yearly report. An accurate preliminary investigation into the etiology of the puerperal processes, in the first named, would be desirable, since with some fluctuations in regard to the number of cases, they disappeared entirely at no time during the year. Not less desirable would be an accurate account of their course and treatment. The lying-in wards differed strikingly in regard to the frequency of puerperal fever. The Foundling Hospitals number always, of out-door and in-door patients, about 15,000, of which from 450 to 500 die monthly. The great mortality of the in-patients arises principally from anæmia, diarrhœa, and pneumonia. The frequently prevalent ophthalmia neonatorum is now successfully treated by applications of pounded ice; in its further progress by solutions of lapis divinus and sulphate of zinc; and in ulcerative conditions by solutions of corrosive sublimate and tr. opii. The not uncommon cancrum oris of children was treated by muriatic acid washes for the mouth, slices of lemon, and by touching the gangrenous spots with tr. opii; and, indeed, with better success than by glycerine, which has been recommended and employed in Children's Hospitals, in this affection. The experiments made during the course of the year, with original vaccine lymph, were twice successful, but the development of the vaccine matter so procured is always slower.

In the report of the Royal Asylum for the Insane are given items of etiological interest, and also pathological results in a field hitherto truly barren. The prevailing type of disease is mentioned for each month, and several prominent cases of disease are accurately described. In reference to the former, the abuse of alcoholic drinks, whereby, through impregnation of the nervous centres by aldehyde, arise hallucinations of sight and hearing, furthermore, sexual excesses, and finally, in women, menstruation and lactation, as well as climacteric periods of life, all play important parts. Post mortem examinations frequently disclosed chronic hydrocephalus; atrophy of the brain; more or less extensive softening, especially in dementia; then hardening of the brain, and finally loss of elasticity and ossification of the arteries and malformations of the heart. It is remarkable how other diseases are sometimes obscured by insanity; for instance, in a case of cholera, where in life the usual symptoms of vomiting and diarrhœa were not developed, and yet the body

plainly showed the cause of death to have been this disease. In two other cases, during the course of the cholera, there was observed a striking improvement in mental activity; and in one case of a teacher, twenty-six years old, the mental disease completely ceased upon the development of pulmonary tuberculosis. In a similar way, a previously existing epilepsy wholly ceased with the development of tuberculosis. Aside from other intermittent forms of mental disease there was observed, following a case of cholera-typhus, a periodically returning mania of a monthly type; and in the case of a woman, already for the third time pregnant, melancholy and a suicidal propensity were noticed each time in the sixth month of her pregnancy. A wet nurse became insane through anaemia, from nursing three children at the same time. In the case of an insane patient refusing food, instead of using the usual feeding tube, nourishment in a liquid form was sought to be introduced through the nose by the aid of a spoon only. It did not, however, succeed.

Rich in materials, also, are the reports of the Elisabethinerinnen Infirmary, since in addition to the prevailing type of disease, its course and treatment, they contain accounts of prominent cases. General and local blood-letting was employed in this institution in the graver inflammatory diseases more frequently than in other hospitals, and indeed with very average satisfactory results. At the Währingergasse House of Refuge, in Vienna, the more stimulating method in the treatment of cholera, by the use of camphor, sweet spirits of nitre, and tincture of juniper, was found far more beneficial than opium and other remedies. A periodically recurring chorea was here observed.

In the reports of three Penitentiaries which came to hand, scorbutus forms a subject worthy of especial attention. The remark of the physician of these institutions, Dr. Lunzer, appears to us deserving of much consideration. Repeated observations have taught him that when scorbutus accompanies tuberculosis, pulmonary affections, and especially the symptoms of tuberculosis, recede; furthermore, that scorbutus does not appear so severely in an individual having tuberculosis, as in one previously healthy; and that not rarely after the cure of the scorbutus in such cases, the tuberculosis appears to be cured. Hence scorbutus is good as a curative measure in tuberculosis—a proposition which needs for its acceptance further unbiased observations. In connection with the Penitentiary Hospital was mentioned a case of extremely ichorous eczema, which, having with-

stood for a month the use of a soap of glycerine and carbonate of potash and lunar caustic, finally yielded completely through a month's continuous use of collodion.

Only five reports were given in upon epidemics prevailing in Austria, outside Vienna, during the course of the year, of which four were upon scarlatina and one typhus.

The first of the scarlatina-epidemics appeared at Himbürg in the Fall of 1855. There were 32 cases and 3 deaths of girls; no boys died. Two of the fatal cases terminated in the first stage from convulsions, and the other upon supervening anasarca. The source of the disease could not be established, since no scarlatina was present in all the neighborhood.

The second occurred in the four cantons of the Hangsdorfer district in the last month of 1855, and lasted until the 20th February, 1856. There were 277 cases and 43 deaths. Many milder cases, however, did not come under notice of the physicians. The fatal cases were here also most numerous among girls. Death was caused by inflammation of the internal organs, especially the membranes of the brain, then through inflammatory discharges from the ears, and finally through anasarca. It is worthy of mention that scarlatina patients lying in the same room with cholera patients, were never attacked by cholera. The march of the epidemic in the four cantons was plainly from East to West. Its origin was not known, and its spread was not always ascertained to have been through contagion. Belladonna was shown to be useless as a prophylactic, and the results from rubbing the body with fat bacon appeared problematical.

The third epidemic of scarlet fever appeared at Mannersdorf, in the district of Bruck, on the Leitha, and lasted from April to July, 1856. Out of 69 cases 11 died, a part through angina crouposa, and a part from pneumonia and atrophy of the brain. The sick were most numerous at the beginning and end of the epidemic. There occurred also cases without the rash, followed by desquamation of the cuticle and anasarca. Among the sequelæ were observed ulcerations of the mouth, and discharges from the ears. Tepid baths were found beneficial in cases showing albuminuria.

The fourth epidemic appeared at Hainburg and Hundsheim, lasting in the first from the end of April to August, 1856, and furnishing 96 cases, of which 26 were fatal,—and in the second 24 cases, of which 5 were fatal. The mortality among girls was also in this epidemic greater than among boys. Suppurations of the glands of the neck, ulceration of the mouth and tongue, discharges from the ears,

and ophthalmias accompanied and followed the disease. Belladonna was useless as a prophylactic in this epidemic.

The remaining report upon the fifth epidemic, that of typhus, at Zistersdorf, presents nothing specially worthy of mention.

REVIEWS AND BIBLIOGRAPHY.

Human Physiology, Statical and Dynamical: or the Conditions and Course of the Life of Man. By JOHN WILLIAM DRAPER, M.D., LL.D., Professor of Chemistry and Physiology in the University of New York. Harper & Brothers. 8vo. pp. 649.

This volume has been lying before us several months, and we have desired to review it in a manner worthy of the importance of the subjects of which it treats, and of the well earned reputation of its learned author. But other topics and other materials, have crowded upon us with more pressing demands. And now we have not space to say what we wish, or time to discuss the important topics which at once spring up in our path.

The *physique* of the book meets with our cordial approval in its paper and binding. About three hundred wood cuts, well selected, well engraved, and well printed, ornament and illustrate it. Some of them we recognize as old acquaintances, some of them are new, and in a few of them only do we notice errors, and these, which are almost inseparable from a first edition, will doubtless be corrected in subsequent issues. The photographic art has been called into use in many of these to reduce large drawings, or to take views from microscopic preparations. This device is, we believe, original with the author, and is deserving of commendation and imitation by others.

Turning now to the matter, we find the general division adopted by the author, to be into statical and dynamical physiology, the former embracing the *conditions* of life, the latter the *course* of life. The titles of the chapters which come under the dynamical division will give a sufficiently clear idea of its topics, and by *exclusion* of those belonging to the *statical*, for all the rest are included in this. Those titles are, "of the principle of organization, or plastic power," "of the influence of physical agents on the organic series," "of the organic cell," "of reproduction and development," "the growth of

man," "of sleep and death," "on the influence of physical agents on the aspect and form of man, and on his intellectual qualities," and "social mechanics."

Under this last title, by the by, are some sub-titles which strike one as odd in a work on physiology, such as "discovery of the straits of Gibraltar," "the Roman Empire," "the Crusades," "fall of the Spanish power," etc.

Every writer upon such a topic as physiology, must of necessity carry into his discussions the impress of any other pursuits in which he may be engaged. So many matters are dependant for their explanations upon the writer, so many rest upon solitary facts or upon truths not yet made clear, that theoretical arguments are constantly necessary, and these must be tinged by the peculiar habits of thought of the author. Hence we have as many views, on important points, as we have writers. We have not, therefore, been surprised to find that Prof. Draper has given to the whole of this volume a chemical tinge. He sees physiology from his laboratory, and gets the color of iodine or other chemical occasionally before his eyes, leading to as erroneous notions as does *couleur de Rose* the in those who are especially troubled by it. It seems, on this account, unfortunate to connect two subjects like chemistry and physiology in the same chair of instruction, for it is physiology that must yield and be injured. The author says in his preface :—

"Throughout the work physiology is treated after the manner known in natural philosophy. It was chiefly, indeed, for the sake of aiding in the removal of the mysticism which has pervaded the science, that the author was induced to print this book. Alone of all the great departments of knowledge, physiology still retains the metaphysical conceptions of the middle ages, from which astronomy and chemistry have made themselves free. To exorcise it from such nonentities as irritability, plastic power, vital force, is the duty of the rising generation of physicians. It is also their interest. Empiricism will never be banished from the practice of medicine until physiology is made an exact science."

It may be so ; but if so, there is a long period to pass before empiricism will disappear.

But the author goes on to protest against the metaphysical philosophy of the various European schools, which he characterizes as uncertain, contradictory, and empty, and points to "Positive Science" as the agent which is to enable us to solve the questions which have foiled speculative philosophy. With the protest we sympathize fully and cordially, but in the guide to which he points, we have no confi-

dence. Positive Science, as the author uses the term, is a very good thing in its place ; but as to guiding us in metaphysics, it cannot do it.

To these portions of the preface we have made allusion, because we could thus briefly point out one of the peculiarities of the whole book. Chemistry is the basis of its physiology, and its physiology is run out to be made the scaffolding for a metaphysical structure. So that the whole is a chemico-physiological-metaphysics.

It is because we find so constant occasion to dissent from the doctrines of the author, that we cannot write a review of it proper for our limits, and are compelled to be content with this brief notice. A review would grow to a book as large as that reviewed ; for brief statement would require to be met by argument, while what we think is fallacious, would require much space for the demonstration of the fact. Justice to the book, justice to ourself—both forbid us to do by halves what is so important. To specify one particular alone, we would say that the doctrines concerning the nervous system are so entirely at variance with our teachings, based on careful study and experiment, that we cannot for a moment accept them. We will not say dictatorially that Dr. Draper is wrong, but we certainly think he is—allowing to him the same courtesy which we should expect to receive from him if we were the author and he the reviewer. He disclaims materialism, but we do not think it unnatural that others should receive from his doctrines the idea that he is a materialist. This sentence which we select, because we happen first to notice it, will convey this impression, as do many others. "Those general ideas that are found all over the world, among all races of mankind, whatever may be the climate in which they live, their social condition, or religious opinions—ideas of what is good and evil, of virtue, of the efficacy of penance and of prayer, of rewards and punishments, and of another world : these, from the uniformity of their existence in all ages and in all places, must be imputed to the stamp that has been put upon our central organization." p. 544. This seems to us materialistic, and cannot be approved by us, though we have no idea that the author believes himself to be of that school.

In appreciation of the book, we should say that every thorough student of our science should read it, for it opens many interesting topics, and charms by its style, when it does not convince by its argument. It sets forth the chemical view of physiology very ably, and is, on that account, also of interest. But to beginners, and especially to those out of the profession who are studying in some measure into this delightful branch of knowledge, it seems to us an unsafe guide.

Its very fascination of style makes it more enticing to the young, who will not appreciate, or will fail to perceive the fallacy of its arguments on some of the most important topics.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

[Reported for the MONTHLY by T. G. THOMAS, M.D., Secretary pro tem.]

Dr. Clark presented a small *tumor*, about the size of a bean, which had been removed from the base of the brain, under the corpus striatum, near the crus cerebri, in the *autopsy* of a patient, the history of whose case was as follows :

The patient was a physician of this city, aged about sixty years, of temperate habits, and of general good health. He had, for some time, been saddened by domestic troubles, and for a short period previously had appeared rather more feeble than usual, though nothing which could be regarded as symptomatic of his disease appears to have been noticed.

About a month before his last illness, he had complained of vertigo and strange feelings about the head, which however soon passed off, and he continued well up to a fortnight before his death : at this time, when in church, he suddenly felt badly, and suffered very much from a pain in the side.

Nothing more is known of him until the afternoon preceding his last sickness, when the sexton met him in the street, and observed that he appeared to be ill, and spoke with some difficulty. At 5 P. M. he accepted, however, an invitation to take tea with one of his friends. Upon arriving at his friend's residence, the lady of the house observed, upon addressing him, that he could not speak, and as no gentleman was present, she insisted upon attending him home.

Without speaking, though evidently retaining his consciousness, he walked with her until he arrived at his door, when he muttered unintelligibly, and ascended the stairs. Arrived at the door of his apartment, he felt in his pocket for the key, opened the door, and while in the act of reaching out for a chair, sank senseless upon the floor.

Dr. Sabine was at once sent for, and thus continued the account

of the case after it came under his notice :—At 10 P. M. he found the patient lying in bed, apparently quite unconscious ; his breathing was stertorous, pulse 96 to the minute, head hot, skin natural, and left pupil dilated. On the right side of the body and face convulsions occurred every 10 or 15 minutes. The left side was apparently paralyzed, and when the limbs of that side were lifted, they dropped powerless ;—this side had been, likewise, convulsed, but the action there soon ceased.

The doctor now prescribed Croton oil and an enema. On the next day, the pulse was found the same, the left side susceptible of imperfect motion, and when spoken to, the patient appeared conscious. He continued thus until the Sunday following, when his pulse became 140, skin cool, and death soon occurred.

At a *post mortem examination*, the arachnoid membrane was found puffed up by serum, and dotted here and there with small spots of fibrin ; the sulci of the brain were very deep, and under the corpus striatum of the right side, the little tumor which drew forth this history, was found. The microscope revealed, in this tumor, two envelopes, the outer one fibrous and the inner granular. Within these envelopes were found fat, hæmatoidine, and cholesterine. This granular envelope belongs only to hydatid growths, and though in this one no echinococci were found, *Dr. Clark* still regards it to be of that nature.

This case, remarked *Dr. Clark*, is very instructive in one particular ;—here we have a patient showing symptoms of apoplexy, and upon examining the brain, find, instead of a clot, a small tumor, with evidences of meningitis, without softening, or other lesion. The only symptom which would have led an observer to a diagnosis, other than apoplexy, was the existence of convulsions. About a year ago he was asked in court the following question : “Do convulsions occur in apoplexy ?” and he replied that in uncomplicated apoplexy they were extremely rare. This case goes to prove the position which he then advanced.

Dr. Clark then showed a *brain*, in which an *apoplectic clot* had occurred, and which demonstrated a point directly contrary to the one set forth by the last specimen.

The patient, a strong man of forty-three years of age, entered Bellevue Hospital with delirium tremens. Nothing peculiar was noticed about him, except that he seemed slow in his mental operations, and passed his fæces in bed ; there was no paralysis or other symptom leading to a suspicion of apoplexy. On the third day after

admission, his symptoms had all improved, his fæces were passed at will, appetite was better, and general condition much more promising. On that night, however, the house physician was hastily summoned to him, and found the flexors rigid, and a laryngeal rattle existing; he could not be roused, and appeared unconscious. He continued thus until the occurrence of death, which soon followed.

Post mortem examination revealed the following condition: The dura mater was lifted up by 2 or 3 ounces of blood, half coagulated, which was effused under its parietal portion, and extended downwards nearly to the foramen magnum. The membrane being removed, two apoplectic cysts were found in the upper, and three in the lower part of the brain, and it was due to the rupture of one of these, that the blood was effused. Besides these, two or three smaller ones existed in other parts of the brain.

These two cases, remarked the exhibitor, show how obscure and difficult a diagnosis often is in these cases;—in the first, where no clot existed, apoplexy could have been easily diagnosticated,—while in the second, where the effusion was so abundant, a correct diagnosis would have been difficult, as almost all the symptoms of such a state were absent.

Dr. Finnell showed the stomach of a man who had been recently beaten to death; it was congested by one-half a pint of brandy, which he had drank just before. The heart in this case was fatty.

Dr. T. C. Finnell then showed a *colon*, which was perforated near the cæcum, so as to admit fæces into the peritoneal cavity. The accident occurred in a Chinese sailor, who, with his brother, had been treated at Quarantine hospital for some time for dysentery. They had both got better and come to the city, where they soon after died very suddenly, and without warning. An examination was made of one of the bodies, and the lesion above detailed found.

Dr. Finnell also presented the *mammæ* of a girl, aged twenty-two years, which had been removed at St. Vincent's Hospital, after having existed for two years. They had been examined by the microscope by *Dr. J. W. S. Gouley*, and found to contain mother cells, nucleated and non-nucleated cells, fat, and exudation corpuscles; in one, fibrous tissue evidently predominated.

Dr. Finnell then showed a *heart ruptured* on the left side. *Dr. Clark* remarked that rupture on the left side was rare. *Dr. Markoe* showed a specimen, illustrating the condition of joints in a state of *luxation* for a length of time. In this, which had existed for years, the humerus was thrown forward for three-fourths of an inch, and

played on the coronoid process. The heads of the bones had thrown out osseous exudation, so as to change their natural forms, and would thus very probably mislead in an examination. The surgeon, he remarked, is often called upon to decide concerning such cases, for judicial purposes ; and the facts set forth may be of value in that light.

Dr. Ayres showed for *Dr. Turner* a part of the body of the lower jaw, to which was attached a *malignant tumor*.

Dr. Ayres then showed the lower part of the thigh, and the upper part of the leg, which was affected by cancerous disease, which had called for amputation by *Dr. Ingraham*.

Dr. Henschel presented an hypertrophied heart, with ossific deposit on the aortic valve, and fat on the pericardium ; the organ reached from the second to the seventh rib. The murmur during life, thus produced, was always single ; no dropsy existed.

Dr. Post showed *necrosis* from the tibia, about six inches long, which he removed, without cutting the involucrum, from a child six years old.

Dr. Gouley exhibited for *Dr. Stephen Smith* a *bladder ruptured* near the base, and again on the right side. A brief history of this case is as follows :

Mr. G., a native of Ireland, aged 45 years, an intemperate man. After a debauch, found him on the morning of Thursday, Nov. 6, lying in a shed, suffering great pain, and referred to hypogastric region. Here was a large, rounded tumor, dull on percussion. Supposing it a distended bladder, a catheter was introduced ; but two or three ounces of highly colored urine were obtained, without any diminution of the tumor or of the pain. On inquiry, learned that a catheter had been introduced the evening before, without effect. His pulse was quick, but of good strength, and compressible ; the countenance was anxious, tongue reddish, and rather dry ; vomiting of all ingesta was reported.

It was decided to be a case of rupture of the urinary bladder, the lesion being in the upper portion into the cellular tissue. As there was no evidence of stricture, direct violence was assigned as the cause, the marks of which must be sub-cutaneous.

Free incisions were made to relieve the tension, and stimulants administered. His bowels moved several times, and urine escaped from the penis. He continued to sink, and died twelve hours after admission.

Autopsy ten hours after death.—On making an incision of the

abdominal walls, from the ensiform cartilage downwards, nothing abnormal was observed, until it extended to the umbilicus, where slight adhesions of the peritoneum to the intestines appeared. Just below this point the sub-cutaneous tissues began to have an ecchymosed appearance, and thence to the pubes, marks of severe contusions were striking. A bloody fluid escaped freely, having a strong urinous odor. The viscera of the lower portion of the abdominal and pelvic cavity were slightly agglutinated, and of a dark mahogany appearance. But a small quantity of fluid was found in the abdomen, dark in color, and having no odor of urine.

The bladder was carefully removed, and on making a section of its walls, a rupture was seen in the right upper and posterior portion, three-fourths of an inch in diameter, into the cellular tissue. The bladder was contracted to the dimensions of the fist, and its mucous membrane exhibited a number of ecchymosed points.

November 26th. *Dr. Encs* presented a *fibrous polypus*, which had been removed from the posterior nares of a boy, aged 17 years, who two years ago had had a larger one removed from the same position in the nostril of the other side. Two curious circumstances connected with this case were these; while each of these tumors was growing the boy snored very much, and at night while sleeping passed his urine in bed; as soon as the tumors were excised both these things ceased.

Dr. Hutchinson presented a portion of a *placenta*, which had been discharged by a female four months subsequent to abortion: hæmorrhage had continued to torment the woman from the time of the accident until the discharge of the placenta. *Dr. Dalton* had examined it with the microscope and found it to be fatty.

Dr. Hutchinson then presented *two uteri* having *fibrous tumors*; to the upper part of one was attached a pediculated tumor, and in the substance of the other existed a fibrous tumor.

Dr. Clark presented an *aneurismal sac* removed in the post mortem examination of a hospital patient whose history is as follows:

When admitted to Bellevue Hospital he was found to suffer from excruciating pain in the back, but no tenderness existed in the painful part from pressure, and no tumor was there observable. Upon placing the hand on the abdomen, however, a pulsating tumor about the size of the two fists was found, with a prominent point to the right of the median line, which could be slightly reduced by pressure; expansive pulsation was marked, auscultation of it yielded in its upper part a single murmur, and in the lower a double, one

with its filling and one with its emptying. The only treatment resorted to was the use of anodynes. One day, after sitting up for ten or fifteen minutes he went to his bed, and after fifteen minutes the patient next to him heard him moan, examined him at once and supposed that he was dead. The house physician came to him immediately and found him dead.

In making the *post mortem examination* as the cartilages of the ribs were cut through there poured out a quantity of yellowish looking serum, like that found in pleuritic effusion; upon fully opening the thoracic cavity there was found within it a clot of blood weighing four lbs. ten ozs., and the fluid above described was the watery portion separated from this clot. The amount of blood effused within the chest amounted probably to eight lbs. The aneurism had opened into the tissue behind the peritoneum, and its contents passing partly downwards had caused a tumor in the left iliac fossa. About one and a half pounds of blood had remained behind in the peritoneum, and the amount already stated passed into the thorax. Beginning at the diaphragm and extending downwards for five inches was found the aneurismal tumor shown to the Society. The arteries, as usual in such cases, were atheromatous. The age of the patient was about 40 years.

Dr. Barker presented the *neck* of the *uterus* removed by amputation for a *cauliflower excrescence*, which was seen attached to it. The patient, a woman aged 31 years, mother of three children, the youngest of whom was one year old, had suffered since her last confinement from constant leucorrhœa and hæmorrhage, which weakened her very much. The discharge at the time the Doctor saw her was offensive, the pulse 100 per minute and the patient exhausted. In spite of the unfavorable prognosis which the Doctor gave, she desired to have the diseased part amputated as her last hope, and it was accordingly performed. She has since been convalescing, and is now in a fair way of recovery.

Dr. Barker then presented the *uterus* of a woman who had been killed by a railroad accident; it was congested, enlarged, and contained in its walls six fibrous tumors, and in its posterior wall a calcareous deposit. The ovaries were much congested.

Dr. Ayres presented the *arm* of a gentleman aged 35 years, the bone of which had sustained a compound comminuted fracture from the discharge of a gun loaded with duck shot, the charge of which he had received in the posterior part of the member. At the time of the injury some physicians had bound up the arm and sent the

patient home, a distance of thirty miles. When Dr. Ayres saw him the forearm was cold and without pulsation, the hand œdematous and livid, and febrile excitement existed. He thought it best to postpone amputation, which he did until the sixteenth day, when a profuse hæmorrhage from the wound called for its immediate performance. Upon examining the part after amputation the artery was found obliterated, the bone fractured as above mentioned, and the nerves nearly uninjured. He could account for the absence of sensation which was noticed, only by the firm compression to which the part had been subjected.

Dr. Wood had seen the patient four days after the accident, when he found the fingers warm, (though they got cold at intervals,) but could detect no pulsation. He is of opinion that the hæmorrhage on the sixteenth day arose from profuse suppurative inflammation, and that if this had not occurred the part might have been saved.

Dr. George T. Elliott presented an *ovarian cyst* found in the right ovary of a dissecting room subject, which contained a mass of fat and one incisor tooth.

Dr. Elliott then presented the *heart* of a *child* which had died of *cyanosis* on the eleventh day. The foramen ovale and ductus arteriosus were perfectly open.

Dr. Elliott then presented a portion of a *spinal cord* affected by *softening*, of which a history was given.

Aged 29 ; born in Ohio ; entered Bellevue Hospital September 1st, 1856, with paraplegia. The symptoms had been preceded by severe pain in the back, and had been coming on for ten days previous to admission. She still retained some control over her lower limbs, though she entirely lost it before the expiration of the week ; and, till within a few days of her death, she could raise herself in bed, and move her arms. Expression of countenance haggard and anxious.

She had been ptyalized before admission. No tenderness on pressure over the spine ; pulse full ; no appetite, but would eat freely when urged. Urine and fæces passed involuntarily, but no diarrhœa.

Two days afterwards there was tenderness over the loins, for which she was cupped, and when the condition of her mouth had improved, some small doses of calomel were given, followed by the iodide of potassium.

Some ten days before her death her breathing became more and more thoracic, and if disturbed regained its rhythm with difficulty. Drowsiness was then also noticeable, and when awakened the pa-

tient would start in a frightened manner. Cramps and pains in the legs much complained of, for the which relief was sought in frequent change of posture.

September 17th. *Dr. Metcalfe* recommended strong counter irritation to the spine, and the actual cautery was applied to the upper part of the dorsal region. It scarcely occasioned pain, and was not followed by inflammation.

19th. Died quietly during the night.

20th. *Post mortem.* Brain apparently healthy. Sub-arachnoid fluid in excess. Rigor mortis not well marked. Membranes of the spinal cord healthy. At about the 3d or 4th dorsal vertebra the cord seemed somewhat soft to the touch, and under the microscope displayed numbers of oil globules which did not appear in other portions examined. No exudation corpuscles.

Thorax. Heart healthy. No pleural adhesions. Upper part of left lung filled with tubercles, and containing a cavity the size of an almond. Right lung healthy.

Abdomen. All the organs healthy with the exceptions of the ileum and cæcum, which were the seat of tubercular ulceration with evidences of peritoneal inflammation, while under the peritoneum in sites corresponding with the ulceration, small hard granules were situated, displaying a fibrous structure under the microscope. Colon filled with fecal matter.

Dr. Wood presented for *Dr. J. W. Warner*,

The intestines of a patient who had died from *abscess* of the *vermiform appendage* communicating with cæcal abscess behind the peritoneum and with the colon by another opening.

The pus contained in this abscess had been discharged externally by an opening made midway between the pubis and the anterior superior spinous process of the ilium, and it was by the profuse discharge thus taking place that death was produced.

Dr. Van Buren presented a mass of serous cysts, originally double the size of the closed fist, which he had recently removed from the side and root of the neck of a boy 14 years of age. The case presented some unusual features.

Shortly after his birth, according to his mother's account, he had a soft tumor as large as a pigeon's egg behind the left ear, which was cured, by the family physician, by puncture and injection. At eight years of age he had a similar development, which was arrested in its growth by means equally simple. When about 11 years old he first came under *Dr. Van Buren's* care, with a tumor consisting of

a single serous cyst as large as a hen's egg, over and just behind the middle of the sterno-mastoid muscle. This was cured promptly by a seton. Two years afterwards, however, the disease was reproduced, and this tumor, in addition to a portion which fluctuated distinctly, seemed to consist of a more solid and larger portion beneath. The seton was again employed, but on this occasion it did not succeed; the apparently solid portion of the mass continued slowly to increase; it presented a nodulated character, and some of the nodules fluctuated obscurely, whilst others seemed to be solid. The mass continued to extend slowly forwards beneath the sterno-mastoid muscle as far as the median line, upwards to the mastoid process, downwards below the clavicle, and backwards beneath the trapezius muscle.

As the boy's health was otherwise robust, although the diagnosis of the tumor was not clearly made out, and a suspicion of malignancy could not be avoided, Dr. Van Buren advised its removal, and on the 18th of October, extirpated the mass. Beneath the trapezius it was found to extend downward and outward as far as the spine of the scapula. The mass was entirely removed, partly by enucleation, and partly by dissection. The patient made a good recovery, and is now perfectly well. The diseased mass was found to consist entirely of a collection of simple serous cysts, 28 in number, and varying in size from a buck-shot to a pigeon's egg. Their walls were very thin, and structureless; and their contents uniformly consisted of a limpid serous fluid, coagulating promptly by heat and nitric acid. The cysts were connected together by delicate areolar tissue, in which the whole mass was developed, and there was no solid material whatever associated with them.

In surgical language, this tumor may be characterized as an *encysted hydrocele of the neck*. In its pathological nature it is evidently an aggregation of simple barren cysts, developed in the areolar tissue of the neck, and most probably originating in abnormal cell-growth. Tumors of this character are rare, and difficult to distinguish before their removal, from malignant growths associated with accidental cysts of irregular development. The almost congenital character, and the persistence of the disease, in this case, gives some color to the suspicions expressed by certain pathologists that it is allied in its nature to some of the rarer varieties of *nævus maternus*.

Dr. Willard Parker presented a *testicle* removed for disease which was probably cancerous. The testicle was indurated; cord not involved. Dr. Clark had examined it with the microscope and had failed to discover any thing more than blood and amorphous parti-

cles. His examination had not been completed, however, and from its general aspect he thought it resembled very much Fungus Hæmatodes. The mother of this man had suffered from cancer of lip, and her sister of cancer of the breast. He was a farmer, enjoyed very good general health, and had one child; of late he had had no desire for sexual intercourse. The disease was not caused by any external injury, and caused him no pain except after walking.

SELECTIONS.

Mental Labor; Its Effects on the Blood. Read before the Medical Society of London, November 29th, 1856. By THEOPHILUS THOMPSON, M.D., F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest, &c.

The progress of civilization, notwithstanding the incalculable benefits with which it is attended, nevertheless involves many countervailing evils; but it is impossible to direct much thoughtful observation to the present condition of the world, without being impressed with the conviction that, amongst the causes of disappointment associated with modern advancement, there are some which are not necessarily irremediable. Among the subjects for inquiry intimately related to this topic, there are few which are more likely to reward investigation than those which regard the reciprocal influence of mental and physical conditions.

The invention of printing, by the aid of which civilization has been preëminently promoted, in giving permanence to acquired knowledge, has so raised the general standard of attainment and taste, that distinction in the walks of literature or science can rarely be attained, excepting by an amount of assiduous labor such as can be endured only by individuals whose constitutions are distinguished by a peculiar combination of physical and intellectual energy. As the number of aspirants to distinction multiplies, sympathy becomes more intense, taste more fastidious, competition more keen, and the craving for intellectual enjoyment increasing with the means for its gratification, an honorable association with the highly-cultivated classes of society cannot be maintained without considerable mental effort. The struggle for eminence in any department of intellectual labor involves a concentration of mind on the special subject, which, if long protracted, is particularly calculated to induce disorder.

The tendency to such concentration, increased by habit, becoming in some individuals almost irresistible, proves seriously detrimental to the mental and bodily health.

Whether the continuous exertion of one faculty acts unfavorably by withdrawing the circulating fluid from other organs, and so dis-

turbing the healthy balance, or whether excessive action of a particular faculty exhausts some special material of the blood, is a question which cannot, perhaps, in the present state of our knowledge, be positively determined; but instances of morbid condition thus induced are continually presenting themselves to the physician.

Intellectual, like muscular action, probably involves an expenditure of living material, and introduces a changing series of particles—those which have been used giving place to others, which come with the energy of new life to perpetuate the action. There may be decay from stagnation—there may be waste from persistency, undue haste or intensity, especially in creative efforts. It is only when the function is performed in a calm and equable manner that the equilibrium of expenditure and supply is maintained, and that power is preserved and increased.

Not long since an account-keeper from a large public establishment, where he had been accustomed to work without intermission twelve hours daily, came to my consulting-room almost in tears, saying he was fit for nothing, feeling as though cut off from everything, and as if, when he attempted to fix his attention on any subject, some indescribable influence drew it away—a distressing sensation in the chest, and tingling of skin, as though the bed was full of fleas, often keeping him awake; and his sleep disturbed by frightful dreams. His height was 5 feet 5 inches; weight 129 lbs.; appetite good; tongue natural; bowels regular; urine slightly acid, of good color, its specific gravity 1025, containing a very few small oxalate of lime crystals, and scanty lithates. Pulse 88, not strong; skin moist. There was a strong continuous venous hum in both jugular veins, heard the more distinctly on checking respiration, but not overpowering the sound of the arterial pulse. When he cuts himself in shaving, the blood flows freely, and is with difficulty stanching. Under the microscope, a remarkably small number of pale-colored corpuscles in proportion to the red discs, was observable—a peculiarity which has repeatedly arrested my attention in cases associated with venous murmur, remarkably contrasting in this respect with the condition of blood ordinarily present in pulmonary consumption. Assuming that the relative proportion of pale corpuscles to the red is in phthisis one in ten, in healthy individuals one in fifty, the blood of patients belonging to the class under consideration has appeared to me to exhibit a proportion of about one in two hundred. I am inclined to suspect that this peculiarity is associated with deficient quantity of fibrin—a condition the reverse of that which usually obtains amongst consumptive individuals. But observations require to be extensively multiplied before we can safely venture in this matter to propound a rule.

Some of the evils briefly noticed in my preliminary remarks press with peculiar force on the clergy. Often beginning life with anxious competition for university honors, they pass at an early period of their career into responsible duty, debarred by conventional rules from many innocent recreations, subjected to unusual restraint of

demeanor, restricted to intellectual pursuits which overtax particular faculties, to the comparative neglect of others, and exposed in more than the average degree to the wear of sympathy, it is not surprising that the younger clergy, before their constitutions are consolidated, become so often the subjects of bodily infirmity, their nervous system unduly susceptible, and their minds too easily accessible to the delusions of pseudo-science and quackery.

A popular clergyman, of active sensitive mind, aged forty-three, but from his grey hair and general aspect likely to be considered fifty, had been, since he left the university, affected in a great degree with sleeplessness; often for weeks together not sleeping at night more than two hours. He could not refer this inaptitude for sleep to any physical cause. The alvine and renal evacuations were natural, and muscular strength good; but the pulse was rather weak; there was a marked murmur in the right jugular vein, and he complained of deficient intellectual power as respected the suggestion of ideas. I prescribed cod liver oil, and nitro-hydrochloric acid. The pulse improved, and in three weeks his average sleep was five hours a night. I then administered phosphate of iron, with phosphoric acid. In two or three months he recovered a fair degree of health, the venous murmur was scarcely audible, and the sleepless nights and feeling of mental sterility occurred only occasionally after extra efforts of composition.

In the Summer of 1855, after anxiety connected with schools, and claims on his sympathy in consequence of affliction among friends, a relapse occurred. I sent him to the country with injunctions to avoid as much as possible the society of civilized man. He at first gained little ground, being much engaged in discussion with intelligent acquaintances; but on removing to a more secluded spot to vegetate in the open air, his powers of sleep and composition returned.

The nature of ordinary cases of the kind referred to, may be illustrated by reference to those of an extreme character: a sudden shock to the nervous system, whether physical or mental, tending to induce conditions more severe in degree but analogous in nature to those resulting from the slighter, but more continuous series of shocks produced by the wear of anxious intellectual effort and disturbed sympathy.

A few years since, an express train on its way to meet the Queen, ran into another, and many of the passengers were injured. A lady, aged 33, had her head severely wounded, the scalp laid bare, one ear nearly cut off, the teeth knocked in; Mr. Bransby Cooper, who attended her, said she must have had an unparalleled constitution not to have sunk. There was no great loss of blood, but she suffered for some time after the accident from hysterical cough, and inability, as she said, to swallow except by sips—became thin and pallid—the heart excessively irritable. These conditions, accompanied with a venous murmur, continued last year, and although materially benefited by the administration of zinc and cod-liver oil,

they still continue in a considerable degree. The symptoms in this patient are not fairly referable to loss of blood. Her sister, who suffered from the same catastrophe, lost much more blood; but her subsequent ailments, although presenting slight analogies, were much less severe, and not accompanied with venous murmur.

I would here present a case illustrative of the effects of brain-shock on the blood, which occurred in the practice of Sir Henry Marsh :—*

"A young and beautiful woman in the middle rank of life, highly but self-educated, of great mental endowment, of admirable taste, and strong sensibility and attachment, was unconsciously the one by whose hand a poisonous dose was administered to her sole surviving parent, to whom she was attached with all the fervor and devotedness of a daughter's love. The phial contained an ounce and a half of laudnaum; it was given by mistake for a senna draught. When presented to him by his daughter, he tasted it, and said he did not like it, and would not take it. He had not been in good health; it was with much entreaty he was ever prevailed on to take the medicines prescribed. She urged him in terms the most affectionate and persuasive to take his draught; he replied, 'Dearest, you know I never can refuse you anything,' and swallowed it. Three hours passed away before she was aware of her terrible mistake. She was aroused to it by the state of stupor into which her father had fallen, when it flashed across her mind. She found the senna draught which she had intended to have given untouched; she also found the word 'poison' printed in large letters on the empty phial. The shock to her mind was terrific. She became like one insane. All possible means were employed to save the life of the poisoned man, but they were employed too late. He died profoundly comatose at the end of a few hours. From the moment of his last breath a change came over her. She was lost to all knowledge or notice of persons and occurrences around; she lay like a statue, pale and motionless. Food she never took, excepting when it was placed upon her tongue. The only sound which escaped her lips was a faint yes or no. When asked what ailed her, she would place her hand upon her heart. Her extremities were cold. She sighed and shivered frequently, and dosed brokenly and protractedly. To her, the world, and all things in it, were a blank. Tonics and stimulants were administered, air and scene were changed, kind and compassionate relatives and friends tried and tried in vain to rouse and console; she pined away, and nought but a breathing skeleton remained. She lingered on with very little variety or alteration of symptoms for ten months. Before her dissolution she became cedematous. The swelling, soft and transparent, was first perceived in the lower extremities, but gradually progressed upwards. It became apparent on the backs of the hands, along the arms, and ultimately it was universal. All the viscera, spinal, cerebral, thoracic, and

* Dublin Quarterly Journal of Medicine, August 1st, 1853, p. 1.

abdominal, were patiently and minutely examined. No trace of organic change of structure could be detected. There was a copious effusion of thin transparent serum into every cavity—into every serous tissue. The pericardium was separated from the heart by an abundant effusion. The large amount of the dropsical effusion contrasted strangely with the extreme attenuation. In this case, to repress the increasing dropsy, ovipuncture had been several times practised, always with relieving effect; even with this deduction, the viscera appeared as it were bathed in water. This poor patient, beaten down in mind and body, breathed her last without a moan or a painful struggle. The mental shock had paralyzed the vital actions, an evidence that, in real life, events do occur which transcend even the highest flights of fiction. An almost total suspension of nutrition, sanguification, and vascular energy characterized this case. The result was universal dropsy consisting in the thinnest serosity."

I have known an engraver, after working long and successfully on cathedral drawings, unable to sleep soundly on account of being haunted with architectural lines; but he went out for a walk among the mountains, recovered his capability of sleeping, and came back home "hard as nails."

Another engraver, (whom I attended,) anxiously and continuously engaged in the same department of work, in which he had greatly distinguished himself, became unable to recognize his own house.

A similar impairment of memory, accompanied as in the preceding instances with venous murmur, I have observed in some benevolent and conscientious individuals inordinately engaged in carrying out some scheme of philanthropy;—in others associated with mental depression, taking the direction of some unsound or narrow religious dogma;—and in professional men, worn with the stir and anxiety of life. In all such instances, measures calculated to enrich the blood have proved an important auxiliary to those which have respected mere change of scene and occupation.

The instances specially present to my mind in making this communication are not remarkable for any impairment of digestive function, and the attendant impoverishment of blood seems to be a result of nervous exhaustion. The somewhat pallid cheeks, the languid eye, the venous murmur, are in harmony with the intellectual manifestations,—in some sleeplessness,—in some inertness. The original writer complaining of a peculiar sterility of mind, and the close reasoner becoming fragmentary and unconnected in his trains of thought.

In all the conditions referred to there is a general analogy, but the special manifestations vary with the temperament of the individual patient. In the active and the sanguine, for example, sleeplessness is common, and a more than ordinary readiness to adopt any fashionable heresy in pseudo-science or theology. In persons of a more phlegmatic disposition there is induced great indisposition for exertion, a gloomy view of events, and perhaps a desponding estimate

of their religious condition. When, as usually happens, duodenal indigestion is superadded, habitual depression of spirits is common, and oxalate of lime crystals may often be detected in the urine.

The amount of labor which different individuals can bear without such injury as we have described varies. Indeed, the mere amount is only part of the explanation—*anxiety*, *hurry*, and *exclusiveness* of work being more injurious than quantity. Work which is successful, varied, and pursued without hurry, although carried to a considerable extent, may be not only innocuous, but useful and even necessary. Indeed, without some degree of intellectual exercise, the body itself would languish. But there is a limit with every individual which cannot be safely passed; and it is the part of a wise man to watch, with a view to counteraction, the earliest indications of exhausting effort.

As respects treatment, those measures are most salutary which tend to enrich the blood. Chalybeates are sometimes useful; but in many instances they tend to increase irritability, and cannot, at least at the commencement, be safely employed. A course of cod-liver oil is seldom inappropriate, and this remedy may often be advantageously administered in combination with nitro-hydrochloric acid, especially when the appetite is defective, or the oxalic acid diathesis is present. To the subject of the importance of the remedial administration of oils, I am anxious to invite particular attention. About eighty years since cod-liver oil was largely employed at Manchester in the treatment of rheumatism, but was, after a time, superseded by other more agreeable medicines. The mode of action of the remedy was not then ascertained, and its proper place as a medical agent was not determined. During the last twelve years the value of this medicine in the treatment of consumption has been established. With the aid of the medical press, observations on its effects by different practitioners have been extended and compared, and we have found reason to conclude that its efficacy in consumption depends not on any specific adaptation to that particular disease, but on qualities which render it of equal or superior service in other disorders presenting points of resemblance as respects some peculiar conditions, of the blood which the administration of the remedy is specially calculated to correct.*

Change of occupation and scene is of paramount importance. When the condition is not one of extreme exhaustion, an energetic tour is desirable; in the more advanced cases, the disinclination for such an effort being extreme, or the excitability great, such a measure must not be abruptly commenced; perfect repose for a time may then be expedient, and habits of activity gradually adopted. When intellectual work is resumed, many precautions should be observed. The times, amount, and method should be regulated, and probably even the posture in which mental processes are carried on. Analysis being with many students best effected in the recumbent posture,

* Vide "Clinical Lectures on Pulmonary Consumption." By Theophilus Thompson, M.D., F.R.S. London. 1854. pp. 67-85.

and composition while walking. The importance of exercise in the open air can scarcely be over-estimated. Indeed, although instances of the class described in this communication occur not unfrequently in persons careful to observe ordinary hygienic precautions, yet there are others in whom an amount of nervous irritability, associated with the other symptoms, may be mainly attributed to a neglect of muscular exercise, the special remedy for nervous excitability.

I have for various reasons expatiated on the class of cases associated with venous murmur, and other signs of anæmia or spanæmia—1st. Because they seem to me to indicate an order of succession in the phenomena not generally recognized, pointing to the conclusion that the brain may sometimes impoverish the blood, before the condition of the other organs disturbs the brain. 2ndly. Because such instances of cerebral exhaustion are those most amenable to treatment. 3rdly. Because the probable hereditary transmissibility of such conditions makes them of incalculable importance to the community.

It is a common remark, that the type of disease at different periods varies. In tracing some past eras of disease (speaking in general terms) we may conclude that the plethoric condition, prevalent in the 17th century, gave place in the 18th to gastric congestion. This condition has now ceased to predominate, and we have perhaps entered on an anæmic era—a state peculiarly unfavorable to the manifestation of power and to the production of great men.

For all classes, but especially for the professional, a prudent regard should be had to the probable production and ready aggravation of the anæmic condition from causes associated with the laws of mind. A different training, physical and intellectual, must be adopted by our clergy, if they are to be kept in the foreground of the domain of thought, and to be suffered to direct those energies of social life which it is our part, as medical men, to cherish.

As respects the application of medical theories, a wider range of thought should be pursued. The modifications of many prevalent diseases may have reference as much to mental states as to hygienic conditions of atmosphere and diet. Every remediable infirmity is a violation of the law of progress. If medicine is to render to the community a full amount of good, it must be not simply in treating the maladies of individual patients, but in ministering to the conditions which disturb the vitality of the race, and, thus whilst improving our appliances for daily work, remembering that we are enlisted in the service of mankind, we may make posterity our debtors.—*Psychological Journal*.

HOSPITAL REPORTS.

Bellevue Hospital.

February 7th. The operation of trephining was to-day performed before the Class, by Dr. Wood, on a young woman, in the history of whose case the following are a few of the more prominent facts :— She received, two years since, a blow on the left side of the head, producing depression of the outer table. Since then she has been subject to epileptic seizures, at intervals of six months, and has been affected with a rigid contraction of the flexors of the left arm, and a corresponding condition, though not to the same extent, of the leg of the same side ; is nervous and somewhat despondent. The remarkable feature of the case is the affection of the arm on the same side as the injury. On removal of the circular piece of the calvarium, containing the principal part of the depression, its under surface was found not depressed, but somewhat roughened ; while the dura mater was thickened, roughened, and strongly adherent to the bone at that point. Dr. Wood, without removing any portion of the membrane, stripped it off from its adhesions, to some distance, on every side of the opening. A few days after the operation, peculiar anomalous symptoms occurred, which were considered by the House Surgeon, Dr. Pope, to be hysterical. They consisted in a convulsion, followed by paralysis of the right arm, and inability to speak. She is now doing well ; these peculiar symptoms passed off in a few days ; the expression of the face is more cheerful and intelligent, and the muscular rigidity less marked.

A remarkable gun-shot wound of the perineum, was then exhibited to the Class, the result of the accidental discharge from a pistol, in the hands of another, at a very slight distance, of several slugs, striking the individual while in a stooping posture. The neck of the bladder was found to be torn completely off. The finger, introduced at the wound, passed directly forwards, without obstacle, until it touched the pubis laid quite bare. A catheter passed through the urethra, came out into the cavity, where its point was felt by the finger. The external opening, which completely obliterated the anus, was some four inches in diameter and very jagged. The wound was stuffed with lint to check the hæmorrhage, and symptoms of local peritonitis combatted by opium given to toleration. The boy survived the accident a few days only. The autopsy showed a complete conglom-

eration of the pelvic organs, which were glued together in one confused mass of gangrenous inflammation. But the most remarkable feature of the case was the complete barrier which nature had set up to stay the progress of the disease up the abdominal cavity. A complete septum of inflammatory adhesion, strong and impervious, separated the parts below the plane of the crest of the ilium from those above. Below this *second diaphragm* all was confusion, gangrene, putrefaction; above, the appearances of the viscera were almost entirely normal. This process of self-defence is, in the opinion of Drs. Clark and Wood, peculiar to traumatic peritonitis, not being observed in the idiopathic type of the disease.

Dr. Wood's operative lectures, in the Theatre of the Pathological building, are concluded for the season; the last, on February 21st, having been on the operations for the extraction of Urinary Calculus. They have comprised quite a thorough course of Demonstrative Surgery, and have been valuable to the students of this session. The situation of the Hospital, and the abundant supply of material which it offers for a course on Pathological Anatomy, render it peculiarly available for students. In connection with the Academic instruction of our several Schools, the regular and systematic clinical instruction in this and the other Hospitals of our city, gives greater facilities to a thorough and complete medical education than can be elsewhere obtained in this country.

The effects of a sudden and considerable rise of temperature, in the production and aggravation of disease, of a peculiar kind, have been remarkably displayed in this Hospital during the past two months. In the latter part of January, succeeding a period of almost unparalleled cold, came that long spell of warm, damp, close, foggy weather. This change had scarcely set in, when, one after another, as the women were delivered—these wards having been previously perfectly healthy—they began to develop, one pelvic cellulitis, another peritonitis, another ovaritis, another metritis, all of the asthenic type, and with an early tendency to gangrene or suppuration; while scarce one escaped without a threatening, at least, of those terrible torments of nursing women, sore nipples, or mammary abscess. Indeed, so well established did this state of things become, that a pulse of one hundred and twenty and a flushed cheek were looked for as matters of course on the morning after confinement, and the pleasant, soft pulse, and cool skin of the physiological recovery, were luxuries, which the attendant physicians dwelt lovingly and long upon, when, at long intervals, they presented themselves. These cases, notwith-

standing that they bore the outward semblance of inflammations, were yet, in their mode of progression, constitutional effects, and indications for treatment so different from the ordinary phlegmasiae, as to lead Dr. Barker to announce his belief in the specific character of these diseases ;—that the quasi-inflammatory processes taken on by these organs were, in reality, the results of the action of a poison infused into them through the blood, and stirring up its peculiar excitement wherever it found the proper amount of combined irritation and exhaustion to insure it a nidus; just as the typhoid poison awakens its deceptive pseudo-inflammations in the brain, the lungs, the intestines. "Treat these cases," said he, "as idiopathic inflammations, and you must inevitably kill your patients." Most of these cases were treated successfully, by early local derivation or depletion, followed or even accompanied by profuse general stimulation. Three, however, terminated fatally; two by suppuration into the pelvic cavity and purulent absorption, in one of which a large number of abscesses, from the size of a walnut down, were found in the lungs; and one by gangrene of the cervix, extending to the mucous membrane of the body, and involving, to a slight extent, the posterior walls. One case of metrophlebitis, which came on with great violence very shortly after confinement, was treated with eminent success by veratrum viride. The treatment was begun with the pulse at one hundred and forty and upwards, which, in the course of five hours, (ten drops of the tincture having been administered every hour,) was reduced to sixty, and was not allowed to rise above eighty during the entire course of the disease, a period of six days, and during which no other remedies were used. At times a single drop of the remedy seemed amply sufficient to control the pulse, already reduced, and at the same time the frequency of the respiration was decidedly diminished.

The sore nipples, which appeared under three distinct forms, pointed out to the Class, as differing equally in their pathology, causes, and modes of treatment, yielded generally to the following method of cure: Whatever the form, if decided inflammatory action was going on around it, this was first subdued by an emollient poultice. If then the case was one of *fissure* around the *base* of the nipple, this was carefully cleansed, and touched with a solution of arg. nitrat. (gr. x to aq. ʒj was usually found to be sufficiently stimulating), and this covered with glycerine, or with tr. benzoin co.; the latter was generally preferred, as forming a cuticle, which, unlike that of collodion, can be dissolved by the secretions of the child's mouth. One such application was in many cases sufficient. If, however, the sore

ness consisted in a tendency to *ulceration* on the *top* of the nipple, much irritated by the child's nursing, a solution of tannin (gr. v to aq. ℥j), kept constantly applied on a pledges of lint, and washed off before suckling, was generally effective in producing a speedy cure. The third form which presented itself was that of *eczemas*, for which an ointment of ung. aq. rosæ. ℥j, calomelanos ℥j, magnesiæ carb. ℥ij, misce intime,* was prescribed.

The cases of mammary abscess, or rather inflammation, (for the formation of an abscess was generally prevented,) likewise divisible into three classes—*supra-mammary*, between the gland and the skin, readily diagnosticated—*mammary*, in the substance of the glands, more obscure and more dangerous—and *infra-mammary*, between the glands and the walls of the chest, very obscure and tedious in its course, were treated as follows: As soon as symptoms of inflammation began to declare themselves, as constitutional disturbance, local tenderness, weight, distension, hardness, the bowels were put in a soluble condition, the integuments of the breast were made soft and flaccid, (thus diminishing greatly the tension,) by means of fomentations of cere cloth, (composed of beeswax and sweet oil, melted together and spread on cotton,) kept constantly applied, except to the nipple, and by frequent gentle frictions of the organ, from the circumference to the centre, with a warm camphorated oil,—this latter with a view also to inducing absorption, and thus preventing "caking." If the secretion of milk was very abundant and the state of the nipples contra-indicated nursing, in addition to a cautious use of the breast-pump, (Needham's patent, with the elastic nipple-piece, is found to be the only reliable one,) a belladonna plaster was applied to the entire organ, a hole being left for the nipple, or the tincture of belladonna was added to the camphorated oil, which means rarely failed to check it in from one to three days. In two cases where it was considered advisable to dry up the secretion entirely, this was effected by small and frequently repeated doses of the same article, in the form of pills of the extract, internally. But three cases went on to suppuration, and of these one was an anomalous case, occurring three months before confinement.

In the surgical wards, too, the effects of the altered temperature were noticed in a greatly increased amount of erysipelas, which required brandy, iron, and quinine, with opium, pushed to a very high

* The apothecary should have particular directions to rub these ingredients together very thoroughly, otherwise the ointment will contain small, gritty particles, which will prove a cause of no small irritation.

figure, to bring them to a successful termination. Locally evaporating lotions were used, with free incisions, as soon as the formation of pus was suspected.

COLLEGE COMMENCEMENTS.

The Winter lectures in our medical schools have closed, and the classes have taken their departure. Those who received their degrees have gone,—some into practice, some to pursue still further their preliminary education in our hospitals. As is usual, each school has given its congratulations, and its valedictory words to its graduates.

University of New York.

The first to close its session, as it was the first to commence, was the University of New York. The exercises attending the awarding of degrees took place on Wednesday evening, March 4th. The distinguished Emeritus Professor of Surgery, Dr. VALENTINE MOTT, addressed the class upon the responsibilities of the professional life upon which they were about to enter, and the relations of physicians to society. "Ours," said the Professor, "is not an easy or indolent profession; you will not repose, at least for many years, on a bed of roses. *Hard work, difficulty, danger, unrequited labors*, must long be your lot. The student who devotes himself to city practice, must make up his mind for a long period of city neglect, and guard against the temptations of city life. He who has chosen the country for his future sphere, must prepare to encounter the isolations and hardships of country life. Both will be exposed to danger and disease by day, both will be subject to sleeplessness and turmoil by night. You will often encounter peril and infection while assuaging the diseases of youth and of manhood; you will perhaps find your labors vain and unrequited, when you are ministering to the afflictions of old age, and poverty, and death.

"But the greater the hardship, the difficulty, and the danger, the greater the honor. Without labor there is no triumph, without perseverance there is no security."

Warning the student not to rely upon that blessed gift of Heaven,—Genius—but to be constant students, imitating the example of those renowned surgeons, Sir Astley Cooper, Dupuytren, Roux, &c.,

who were students to the last, he assured them that they would thus acquire both fame and fortune, neither of which were to be despised.

Passing rapidly in review the great advances in surgery during the last half century ; comparing its position at the time when he entered the profession with its present position ; remarking briefly upon the unsurpassed skill of American surgery of this day, and its anomalous position a half century ago, he paid a passing tribute to some recent improvements in surgical art due to Americans, mentioning among others Dr. Sims' clamp suture, and the discovery of the anæsthetic properties of ether.

Scouting the idea that surgeons must necessarily be callous to pain and distress, he denied that medical men were naturally "materialists." "No!" said he, "we are not. There is no profession which so teaches us to love the beautiful truths and practice of Christianity—there is no profession whose studies, embracing as they do the wonderful organization of the human frame, so teaches us to look up with admiration from Nature to Nature's God.

"Even at the risk," said the venerable professor, "of being tedious, and perhaps of being deemed intrusive, I must say a little more upon this point. The maxims and precepts of Christianity must be the guiding star of your lives. Our lofty profession, above all others, teaches us *to do good*, and in doing this you must be influenced by no sectarian differences. Christians yourselves—and what is of far *more importance, in reality*—you will deport yourselves and administer your aid wholly independent of country or creed ; you will believe that all who have sprung from the same Divine origin, may ultimately share in the same Divine salvation ; you will revere fidelity in every species of faith, *provided the heart be pure, and its oblation sincere*.

"I am now an old man, I have already passed the usual limits of human life. I have already attained the usual span. My career is drawing fast to a close, and in a few short years at utmost, all who now hear me, must be numbered with myself in the dust. But a long posterity then commences—a never ending eternity begins.

"I own I am desirous of being remembered among you, when my own pilgrimage is over. I own that I wish still to evince my regard for that profession to which I have been so long devoted, when I can express that regard no more. With this view, I have instituted *Three Medals* to be annually presented to the three most accomplished students connected with this Institution. It is not all vanity which prompts to this act. My great object is the student's welfare.

"I shall be cheered both *now* and *hereafter* by the thought that I have thus been enabled to show my regard for him. I shall be cheered by the thought that any little distinction, which the possession of this medal shall obtain for him, may enable him more manfully and successfully to contend with the vicissitudes of life. I shall be still more cheered by the thought that perhaps the last words I shall ever utter, in relation to the recollections and associations which this emblem *recalls* and *inspires*, shall enable him to meet his fate with serenity, when, like me, he is preparing for the messenger of Death."

One hundred and twenty young gentlemen received their degrees of Doctor of Medicine, at the close of this session, from the Chancellor of the University. The Three Medals instituted by Dr. Mott were awarded as follows :

The first, or The Gold Medal, to Robert F. Garlin, of New York, for the best anatomical or anatomico-surgical preparation.

The second, or Silver Medal, to William H. Wilson, of New York, for the second best of that description.

The third, or Bronze Medal, to George S. Hardaway, of Georgia, for the best clinical report.

New York Medical College.

The following evening, Thursday, March 5th, diplomas were conferred upon the graduating class at the New York Medical College.

In announcing the degrees, Dr. GREEN, the President of the Faculty, after delivering the Hippocratic oath, made a few pertinent remarks as follows :

"The way to distinction," said he, "now lays open before you, gentlemen, and there is not a surer way, or a higher or nobler pursuit, than that upon which you are now commissioned to enter. But let me impress it upon you, gentlemen, to remember, that *mediocrity* even in our profession, much more *distinction*, cannot be attained, at the present day, without the most persevering industry, the most unwearying assiduity.

To 'heal the sick,' is to fulfil a Divine commission ; and as you go forth into the world, and assume the responsibilities of your profession, forget not that 'the pursuit of knowledge is the task of life,' and that, unless you do your utmost to improve yourselves still farther in this your chosen branch of science, you will neglect the high trust which Providence has committed to your care ! Let your earnestness of purpose, and your devotion to your calling, be known of all men. Remember, that the best way in the world for a man to *seem* to be

anything, is *really to be* what he would seem to be. 'Once establish yourself,' says a distinguished statesman of our day, 'Once establish yourself, and your mode of life as what they really are, and your foot is on solid ground, whether for the gradual step onward or for the sudden spring over a precipice. Learn to say 'No,' with decision, 'Yes,' with caution. No, with decision, whenever it resists temptation, Yes, with caution, whenever it implies a promise; a promise once given is a bond inviolable.'"

The address was given by Dr. TIMOTHY CHILDS, the recently appointed Professor of Anatomy in this institution.

"His object," he said, "on this occasion would be two-fold. 1st. To premise a hasty enumeration of a few of the *mile stones* of medical progress thus far; and 2d. To advert to some of the *scientific dangers* to which he conceived graduates were exposed on entering the profession in its present transition state. He would not go back as far as Hippocrates, of whom one of his translators has wittily said, we say much and know little, but beginning with the 17th century, the lecturer ran rapidly over the leading features of that century, mentioning the great names—those lighthouses in the pathway of science—whose genius illuminated the darkness of that era, and the brilliancy of whose immortal truths reach even to the present day—a line of light enduring till all time. Fabricius, the discoverer of the valves in the veins; Harvey, his pupil, in name synonymous with the circulation of the blood: Aselius, who discovered the lac-teals, and numerous others who added glory to the 17th century. In the 18th century were found Haller, Swammerdam, Priestly, Lavoisier, Hunter, Spallanzani, Chesselden, Potts, the Bells, Bichat, Dessaux, and a crowd of worthies whose names are familiar to all students.

"The lecturer found the present century so rich in facts and in noble names, that he despaired of enumerating them, so passed on to the second and principal topic—The scientific dangers besetting graduates.

"'Medicine,' said he, 'ever improves, but it improves slowly. Eager minds are not content to labor and to wait, and tread slowly and painfully the toilsome path of induction. Perfect systems of medicine are started, which boldly challenge your acceptance. At the extreme right we have the exclusives of the school of observation, with their "Procrustean bed" of the numerical method; on the left, the followers of the mystic German and his exclusive law.' The Doctor then reviewed the first of these schools, and gave at length his objections to it."

This accurate and beautiful method of observation he did not stand up to deery. It was its *abuse*, by insisting on it as the *one* and *exclusive* method in the cultivation of medicine, against which he protested, not against its use. To the other system—the doctrine and practice of exclusive homœopathy—he then turned his attention, reviewing its dogmas with severity. His objections to it were :

1. That it ignores the very existence of the *vis medicatrix naturee* ;
2. That it ignores all *entities* in disease, and deals only with the subtle vital power ;
3. That it confounds the symptoms with the pathology ;
4. That it ignores the ascertained practical facts of that most common process—inflammation ;
- and 5. That the diet, enjoined as a means of cure, is, like the rest of the system, fanciful and empirical.

Each of these divisions was illustrated by facts drawn from known and reliable sources.

This institution terminates its Winter labors by graduating thirty young men. The *Van Arcken* prizes for the best Theses, were awarded by the committee through Dr. Frank Tuthill, its chairman ; the first to Nehemiah Nickerson, of Connecticut, for his thesis on “Infantile Paralysis ;” the second to N. E. Thrasher, of Vermont, for his thesis on “The effects of climate and exercise on the quantity and quality of food ;” and the third to John M. Farrington, of New York, for his thesis on “The Psychophysical Relations of Man.”

College of Physicians and Surgeons.

The Commencement exercises of this institution took place Thursday evening, March 12. The degrees were conferred upon thirty-seven young gentlemen, by Dr. EDWARD DELAFIELD, Vice President of the College. After this ceremony was completed, Dr. Delafield addressed the members of the class and congratulated them upon having received the honors of their Alma Mater, which authorizes them “to perform all the duties of our *learned*, our *honorable*, our *useful* profession.”

“The profession of medicine,” continued the Doctor, “has ever been ranked as one of the most *learned* ; and if I were to recall to your mind the names of the great physicians who have distinguished themselves in every age, it would abundantly assert its title to this distinction. Let me remind you then, that you have just become members of a body inferior to no other in all the walks of science ; and that if you would be worthy of your association with it,—if you would do your part in sustaining the character it has already held—you too must become learned.

"They had already, in the few years of their student life, discovered how large was the field of labor; they had already become acquainted in a good degree with the different subjects in the curriculum of study; but how much in every one of these still remained for them to learn."

"If now," said the Doctor, "that you have ceased to be students in name, you also abandon the habit of study; if you remain content with just that amount of knowledge which has enabled you to obtain your diploma, you must be little aware of the importance of the vocation you have chosen. A medical man can never cease to be a student, or he will be left behind by the progress of his own science."

The difference between the *acquisition* of knowledge and its *application*, was then pointed out, and it was especially recommended that each one should seek every opportunity to apply those principles which he had been taught, for it was by *use* that would come the facility and confidence of application.

This opportunity was before them in our public charities, if they would not hesitate to prolong their period of student life. "There are not less than sixty young men, recently graduates in medicine, filling stations in our public institutions, and having under their immediate charge large numbers of patients for whom they daily prescribe."

"If then," he continued, "you would become good practitioners of medicine; if you would succeed in the profession of your choice, in acquiring reputation, and the confidence of those who employ you, you must not only thoroughly study the principles of our science and the practice of our art as taught by the best authorities within your reach, but you must for yourselves apply these principles and this art, or see them applied by others upon such an amount of human disease as will give the requisite skill in its diagnosis and treatment."

"You have also become members of an *honorable* profession, and now that you belong to this body, its honor is in your keeping. See that it be kept bright and untarnished; that it suffer no blot nor blemish in your hands. Practice honorably among your patients and they will honor you."

Dr. Delafield then spoke of the relations between members of the profession, and of the facility which existed for one to injure another by word or action, or suspicious look. This had caused certain rules of medical etiquette to be instituted, which should be recollected for the honor of the profession; but the best rule, he said, was the golden rule, of doing to others as we would that they should do to us.

"Again, you have become members of a profession second to none

other in its *usefulness*. Every day's experience teaches this. The strong attachment, the enduring affection the good physician acquires in the families who have been long under his care, show this. Do not parents bless him, do not children look up to him with reverence, and do not husbands and wives feel grateful to him for preserving them to each other?"

In closing his address, the Doctor exhorted the graduates to zeal and determination in the pursuit of their profession, for this would eventually bring success. "But this zeal and determination must be thorough. You must not only be industrious and persevering in your professional pursuits, but you must *love* them. Love your profession and pursue it with the ardor which affection alone inspires, and it will reward you. Ask any man who has reached high eminence in our ranks if he does not prefer his occupation to any other he could have chosen. Ask him whether he would exchange it for any other or enter into the busy walks of trade if he could thereby double his revenue, and he will tell you *no*."

"And if you will burn with the same ardor which actuated him, you too may become eminent; you too, after a life, it is true, of toil and anxiety, and much perplexity, will close it with the consciousness that you have spent it in doing good to your fellow men, have pursued an honorable career, and that you will have caused your names to live after you."

EDITORIAL AND MISCELLANEOUS.

—No medical man, whose death has been recently noticed, leaves a greater void in the hearts of our people than Dr. Kane. His victories were not chiefly in the department of medicine, and yet medicine was honored by him. It is interesting to notice how, to those who have read his books (and their number is very large), his death is a personal loss. His modesty of narrative, his bravery in action, his energy and his constant labors to discover the lost Franklin, each and all have called forth such sentiments as might gratify the desires of the most ambitious. It is, therefore, a proud thing for us to claim him as a fellow-disciple of Hippocrates.

Naturally there has been a great desire to know the particulars of his last illness, of which nothing could be judged from the newspaper reports which constantly reached us. Our friend Dr. F. S. Ainsworth,

of Boston, who was at Havana, in attendance on a patient, at the time of Dr. Kane's arrival, and saw him, in consultation with his physician, Dr. La Riverend, has given to the Society for Medical Improvement, of the former city, an account of his illness, which we extract, believing it will interest our readers.

Dr. Kane inherited a decided predisposition to rheumatic affection, and had from early life been subject to attacks of articular rheumatism. He suffered very severely from this disease after his return from the first Arctic expedition. The heart, also, had become involved, and he was thought to have a considerable degree of hypertrophy, together with thickening of the valves. So severely was he afflicted with articular rheumatism while preparing for the last cruise in search of Sir John Franklin, that it was often necessary to apply frictions to the joints for an hour, before rising in the morning, in order to enable him to ride to the Navy Yard, where the "Advance" was fitting out.

Very soon after getting into the high latitudes, however, these difficulties subsided—a result which would hardly have been anticipated, but which he had observed in his own case on his previous voyage. What his sufferings and exposures were during his Arctic expedition, is well known; but it is proper to state that they were much more severe, and their effect upon his constitution more disastrous, than would be supposed from the few allusions made to his own case in the published account of the expedition.

On his return, his previous rheumatic and cardiac troubles had become complicated with scurvy; though very much exhausted and worn out by the hardships he had undergone, he allowed himself no time for repose, but labored incessantly in preparing the account of his expedition for publication. This fatigue, together with the great change in climate and habits, brought on a severe relapse of his constitutional disease, aggravated by the newly acquired scorbutic taint. He received little or no benefit from the treatment of his disease while in this country, and was advised to try a change of climate; accordingly, after the publication of his book, he sailed for England. Here his health became much better, all his symptoms were much improved, and he considered himself nearly restored to health. As, however, there still remained some traces of scurvy about him, his physicians advised him to spend the Winter in the West Indies, for the benefit of the climate and fruits.

Since his return from the North, there was a somewhat remarkable change in his ability to bear the motion of the ship; he had become unusually sensitive to sea-sickness, which was brought on by even a slight rolling of the vessel. The voyage from London to St. Thomas was, however, well supported; while there, his health continued to improve, and at the end of six weeks he sailed for Havana. The ship in which he took passage was overtaken by a severe storm; he was very much affected by the motion of the vessel, and in the effort and strain of vomiting ruptured a blood-vessel in the brain.

other in its *usefulness*. Every day's experience teaches this. The strong attachment, the enduring affection the good physician acquires in the families who have been long under his care, show this. Do not parents bless him, do not children look up to him with reverence, and do not husbands and wives feel grateful to him for preserving them to each other?"

In closing his address, the Doctor exhorted the graduates to zeal and determination in the pursuit of their profession, for this would eventually bring success. "But this zeal and determination must be thorough. You must not only be industrious and persevering in your professional pursuits, but you must *love* them. Love your profession and pursue it with the ardor which affection alone inspires, and it will reward you. Ask any man who has reached high eminence in our ranks if he does not prefer his occupation to any other he could have chosen. Ask him whether he would exchange it for any other or enter into the busy walks of trade if he could thereby double his revenue, and he will tell you *no*."

"And if you will burn with the same ardor which actuated him, you too may become eminent; you too, after a life, it is true, of toil and anxiety, and much perplexity, will close it with the consciousness that you have spent it in doing good to your fellow men, have pursued an honorable career, and that you will have caused your names to live after you."

EDITORIAL AND MISCELLANEOUS.

—No medical man, whose death has been recently noticed, leaves a greater void in the hearts of our people than Dr. Kane. His victories were not chiefly in the department of medicine, and yet medicine was honored by him. It is interesting to notice how, to those who have read his books (and their number is very large), his death is a personal loss. His modesty of narrative, his bravery in action, his energy and his constant labors to discover the lost Franklin, each and all have called forth such sentiments as might gratify the desires of the most ambitious. It is, therefore, a proud thing for us to claim him as a fellow-disciple of Hippocrates.

Naturally there has been a great desire to know the particulars of his last illness, of which nothing could be judged from the newspaper reports which constantly reached us. Our friend Dr. F. S. Ainsworth,

of Boston, who was at Havana, in attendance on a patient, at the time of Dr. Kane's arrival, and saw him, in consultation with his physician, Dr. La Riverend, has given to the Society for Medical Improvement, of the former city, an account of his illness, which we extract, believing it will interest our readers.

Dr. Kane inherited a decided predisposition to rheumatic affection, and had from early life been subject to attacks of articular rheumatism. He suffered very severely from this disease after his return from the first Arctic expedition. The heart, also, had become involved, and he was thought to have a considerable degree of hypertrophy, together with thickening of the valves. So severely was he afflicted with articular rheumatism while preparing for the last cruise in search of Sir John Franklin, that it was often necessary to apply frictions to the joints for an hour, before rising in the morning, in order to enable him to ride to the Navy Yard, where the "Advance" was fitting out.

Very soon after getting into the high latitudes, however, these difficulties subsided—a result which would hardly have been anticipated, but which he had observed in his own case on his previous voyage. What his sufferings and exposures were during his Arctic expedition, is well known; but it is proper to state that they were much more severe, and their effect upon his constitution more disastrous, than would be supposed from the few allusions made to his own case in the published account of the expedition.

On his return, his previous rheumatic and cardiac troubles had become complicated with scurvy; though very much exhausted and worn out by the hardships he had undergone, he allowed himself no time for repose, but labored incessantly in preparing the account of his expedition for publication. This fatigue, together with the great change in climate and habits, brought on a severe relapse of his constitutional disease, aggravated by the newly acquired scorbutic taint. He received little or no benefit from the treatment of his disease while in this country, and was advised to try a change of climate; accordingly, after the publication of his book, he sailed for England. Here his health became much better, all his symptoms were much improved, and he considered himself nearly restored to health. As, however, there still remained some traces of scurvy about him, his physicians advised him to spend the Winter in the West Indies, for the benefit of the climate and fruits.

Since his return from the North, there was a somewhat remarkable change in his ability to bear the motion of the ship; he had become unusually sensitive to sea-sickness, which was brought on by even a slight rolling of the vessel. The voyage from London to St. Thomas was, however, well supported; while there, his health continued to improve, and at the end of six weeks he sailed for Havana. The ship in which he took passage was overtaken by a severe storm; he was very much affected by the motion of the vessel, and in the effort and strain of vomiting ruptured a blood-vessel in the brain.

Entire insensibility followed, and continued for several days after his arrival in Havana. A partial recovery took place after a few days, but the right side was found to be completely paralyzed.

During the months of December and January and until the 10th of February, he slowly rallied from this attack, and was able to walk a little about his room and to drive out. He recovered the use of the right hand and wrist to a great degree, and shortly before the second attack was able to rotate the fore-arm. His mind was perfectly clear, although there was some loss of control over the memory. When he endeavored to recall any circumstance which had transpired, several others, more or less connected with it, were remembered, from which he was unable to isolate the particular fact desired. Of this difficulty he was himself perfectly conscious.

On the 10th of February, at the morning visit, he appeared more cheerful than usual, and conversed a good deal with those about him. About 11 o'clock, however, he was suddenly seized with a severe attack of apoplexy, which deprived him entirely of consciousness. There was, at first, considerable spasmodic action of the muscles, which subsided, in some degree, a fit of epilepsy. These symptoms soon subsided, leaving him with almost complete paralysis of the entire body. The iris responded to light, and the muscles of the pharynx acted when stimulated by fluid introduced into the mouth. The pulse was feeble, and varied from 120 to 140 beats. The skin was moist and cool. He remained very much in this state until his death, which took place on the fifth day after the seizure. In this interval, however, he seemed to have recovered some degree of consciousness, and several times signified assent to a question by turning his eyes toward the speaker. There was some motion of the lips when a spoon was placed in the mouth, and once or twice he was able to make sensible pressure with the right hand. There was no indication of suffering during his last hours, and he died apparently from simple exhaustion.

The tenacity of life in this case was quite remarkable. A constitution broken by chronic disease of many years' standing—a series of hardships and exposures almost unheard of, with all the depressing addition of care and responsibility—followed by an affection which for some months threatened his life; add to all these an attack of apoplexy, paralyzing entirely the right side, and in two months after a relapse affecting the whole body, and one can hardly conceive how life could have been sustained for so long a period as five days after the last shock.

The treatment in this case was quite simple. On account of his previous illness and the scorbutic taint in his system, it was thought unsafe to resort to the active measures usually pursued in such cases. After the first attack, small doses of *ext. nux vomica* with quinine were administered. These were suspended after a time, through fear of increasing the cardiac disease, and a high tonic and anti-scorbutic course was followed. After the second attack, a few leeches were applied, together with cold applications to the head.

—Whatever concerns the health of large classes is of importance to

physicians—of much greater importance, in fact, than that which concerns individuals. With this idea we are accustomed to look into many things which have no direct connection with drugs, and which promise to prevent the necessity of a physician's services, rather than to enable him to cure his patient when sick. To such subjects we have sometimes alluded in these pages, and propose to continue to do so from time to time as occasion offers. In no class have we felt a deeper interest than in those who sew, whether for a maintenance or in the ordinary occupations of a family in moderate circumstances. Hood's song of "The Shirt," recalls to every physician practising in a city, many a patient, for whom God is paymaster, whose whole life has been drained by the terrible necessity of earning a living by the needle. Early and late, by day and by night, without rest, without recreation, they have struggled for bread, with such toil as no day-laborer knows. And when the dim light and constant use have caused the eyes to fail, or disease has assailed their lungs or attacked their blood, they have not been able to pause in their work, for starvation was just behind them. They could not afford the time to be sick—they could not stop to be cured. Those in more favored conditions are affected; perhaps not to the same extent, but yet gravely. The mother desires her daughter to be industrious, and enjoins upon her the necessity—for such it has been to all but the wealthy—of sewing neatly and diligently. In the country especially, have we seen girls sit sewing, sewing, sewing all day long, when they should have been employed in other duties which allow more proper exercise to the body, or in studies and amusements which are necessary for the proper development of the mind, and the avoidance of that asceticism which is unnatural as it is unhealthy. We have often forbidden girls, from fourteen to eighteen years, to sew more than a short time each day, if at all; and have had great difficulty in enforcing obedience, for the reason that they could not be spared from the work, or mothers thought us over-notional. Still the fact remains, that to the inexorable needle consumption is indebted for many of its victims; while, if not conqueror, crooked spines, side-ache, derangement of the stomach, with its attendant evils following in its train, make their lives miserable, which an early death does not cut short.

These things have all been brought forcibly to our mind, as we have from time to time seen advertisements of *sewing machines*, and heard persons discourse of their merits. Noticing a sign of one of these manufactories in Broadway, one day when a little leisure was

upon our hands, we determined to see what had been done, and if there really was any promise of relieving women from this injurious toil and confinement. A little frock, which we were shown, full of folds, (which we are assured are technically called *tucks*,) and exquisitely stitched (we are something of a connoisseur in stitching), reminded us of a poor patient who, with her infant, was only saved from absolute destitution by stitching, laboriously and slowly, with her needle, such garments, for a wealthy tradesman to sell. Charity, at last, had to save her life. We could hardly believe that over all this beautiful work there was no sigh of fatigue poured out, that no eyes had ached with their weary watching, that this might be done. But so it was. The machine was shown to us, we saw it work, and we know there is no longer need for health to be broken down by sewing. Consumption ought no longer to be allowed to use the needle for its agent in thus causing death.

The establishment into which we strayed was that in which are sold the machines of Messrs. Grover and Baker's patent, and the variety of styles, some twenty in number, and adaption to all kinds of work, surprised us. Either for woollen, for linen, or for cotton, each and all of them, they seem admirably, in fact, perfectly adapted. They are of a size to be transported easily in travelling, or they are arranged as an elegant piece of furniture. They are used on the plantations of the South for making the coarse clothes of the out-door slaves; they are used at the North for making the beautiful dresses of the belles. They can be managed by negroes, and it seems to be rather an amusement than a task for ladies to use them. But we gave up all our notions that work could be done by hand so as to be handsome, stronger or more permanent, and then enquired concerning the position in sewing. The *foot* moves the machinery; the body is nearly erect, both hands being alike used for guiding the work. Here, then, is done away all the use of the right hand, as in drawing through the thread, and all the consequent tendency to deformity and injury from curvature of the spine. The position left nothing to be desired. No dust injures the lungs. The time required bears no comparison to that of ordinary work, and we were much impressed by the evidence given by one woman who owns and has long used one. "Instead of toiling all day," says she, "with the needle, I now do a day's work in a few hours of the morning, and have my afternoons for recreation and reading." Just think of that! and when we next prescribe iron for the pale girl who is compelled to sit and sew all day, let us remember also to order one of Grover &

Baker's machines in the morning, and a romp out of doors in the afternoon. How quickly will blooming cheeks take the place of pallor, and how happy shall we be when we look upon our patient, a healthy, robust woman, instead of the pale, nervous, dyspeptic, hypochondriacal thing that she otherwise will become. It will be worth whole bags full of fees. Perhaps we shall seem, to some, too enthusiastic, but we are sure we are not ; and it is a matter we urge upon the attention of practitioners in city and country. A careful examination will convince them that we are right.

— In January we gave Dr. Channing's account of his visit to Dr. Simpson, now we give that of his visit to the physician of Czar Nicholas :—

In London I had the pleasure to meet Sir James Clarke in consultation in the case of a friend, and told him of my purpose to go at once to Russia, and asked him if he knew any one in St. Petersburg to whom he would give me a letter. Thinking for a moment, he said he did, and would give me a letter to him with pleasure. Soon after I received a letter addressed to Sir James Wiley, Physician to the Grand Duke of Russia. As soon as my arrangements were made for passing some weeks in St. Petersburg, and official demands being got well through, I inquired for Sir James Wiley's residence. It was in the Galerney, a street parallel with the English Quay, and directly in the rear of Madame Benson's house, so that a minute's walk brought me to the place. I rang, inquired for Sir James, and handed card and letter to the servant to deliver to his master. It seemed a very long time before I heard from above. The rooms, about which I wandered, were singularly deficient in furniture, but on the walls were some pictures, which to me are the best furniture. At length John appeared, and asked me to follow him to Sir James. Upon entering the room, my whole attention was attracted by the figure of a very tall old man, between eighty and ninety, stretched at full length on a sofa. His face was harsh, hard, solid. You would never have thought him so very old, for these faces wear well—the skin keeps smooth, the features preserve place, and so have their earlier symmetry. But the expression was singularly disagreeable. It seemed made up of physical suffering and moral displeasure. Sir James's dress was in keeping with expression. He wore an old, faded, much-soiled, printed-calico dressing-gown. Its acquaintance with the laundry could not have been recent. His long neck, which in men, especially old men, is rarely beautiful, was bare, while the smallest possible portion of shirt here and there showed itself. His expression was hinted at. His lips were compressed with that force of will which says, "You will get little out of me," while the eyes were staring-wide open, as if to see most perfectly what was at that moment before them. He slowly, with labor and pain, half, or nearly half rose from the sofa, and holding my letter in his hand, he seemed

to be measuring the time which he gave to it and to me, going from one to the other in just such manner as would make the time devoted to us as nearly equal as possible. At length the silence was broken. I shifted the leg upon which I had rested, hat in hand, motionless from my first entering this strange presence.

"I do not know what all this means," going from me to the letter, and from the letter to me. "What *does* all this mean? I do not know this Mr. Clarke, nor he me. I am not physician to the Grand Duke. I am physician to Nicholas, his Majesty—the Emperor. I have been physician to four monarchs of this Empire—Catherine, Paul, Alexander, Nicholas. I understand nothing about this letter." Thus proceeded Sir James, until all the steam was discharged, while I stood, hat in hand, and *took it*, as the phrase is. There was no escape, but in his exhaustion. In due time he sunk upon his sofa, and I spoke. I expressed great regret that I had given him so much trouble, and so much suffering, and begged him to give me my letter of introduction; and with an assurance that I would annoy him no more, took my leave. Now you may look upon my introduction to Russia as an amusing incident of travel, and let it pass. So could not I. I must confess it troubled me not a little. Sir James had been looked to as a most important agent in my Russian experiences, and in a moment the whole prospect had faded away. "The fountain from which my current *was to flow*, or else dry up," had in a moment ceased, and I was left as in a parched desert. Slow was my progress homeward from the Galerney, and straight did I walk into my desolate room, and sat down to look at the future—and what a future was it?

This looks rather bearish, but Sir James had a smooth side to him. Dr. Channing continues:—

I had not sat very long before a knock at the door. "A servant from Sir J. Wiley." Show him up. "Sir James will be exceedingly obliged to you if you will call on him immediately." I went, and was showed directly up stairs. How changed was the Baronet. He was one vast smile—jubilant—uproarious. He sprang to on elbow, as if he had lost thirty years since I left him an hour or two before. His hand was protruded: "Sit down. I am rejoiced to see you. I have found it all out. It is Sir James Clarke, the Queen's physician. He wrote to my nephew, who was a knight. I am a Baronet, with armorial bearings, made such by his Majesty George IV. Your letter was to my nephew, physician to the Grand Duke, Alexander. He died a year ago." And here Sir James laughed heartily, as if there was something queer in a nephew's death. "Let me know how I may serve you." A desire was expressed to visit the civil and military hospitals. "Dr. ———, with the rank of Colonel, will call on you in the morning, and visit all these institutions with you." After this a day scarcely passed while I was in the city, that I did not call on Sir James. Upon one occasion, a young gentleman came in of somewhat singular appearance. His dress was a flowing black

garment reaching to his feet, with very full sleeves. It was of a thin woolen texture, but stiff, so as to stand off and occupy much space. His complexion was dark, hair and eyes dark, and his features decidedly Eastern. He was a Persian. He was very handsome. Sir James introduced him to me, saying that he was his son—or rather godson. "I have made a Christian of him—have had him baptized, and stood godfather." The old Baronet was in excellent spirits. An officer came in, who was introduced to me as the physician to the Empress, Col. Carrell. He was splendidly dressed. His uniform was white—snow-white—fitting him perfectly. His epaulettes, sword-hilt, scabbard, sword-belt, hangings, were of the brightest burnished silver. He stood at rest with his hat in his hand, as handsome a man as you will see in a thousand. I said stood, for nobody sat in the presence of the head of the Military Bureau of the Imperial Army. After some very pleasant talk, I took my leave.

At another visit, Sir James talked of his war experiences. Among other things, he spoke of the battle of Leipsic. Moreau, who was then fighting on the side of the Allies, had both his legs shot off by a cannon-ball. Sir James amputated both limbs upon the field, but such was the shock which Moreau had received from the ball, that he survived but a few hours after the operation. It was in connection with the service rendered by Sir James in that battle, that he was made a Baronet, with the privilege of armorial bearings. He told the servant to bring him the patent of his baronetcy, signed by the English monarch, which it was evident he was happy to show me. In connection with this, was a display of all the decorations and orders which he had received from the many monarchs he had served. I told Sir James of my purpose to go to Moscow. He said he would give me letters (which he afterward did) to his Excellency Prof. Fischer, the head of the Russian Bureau of National Sciences, and to Dr. Pfäehl, principal medical officer of the great Military Hospital in Moscow.

Upon another occasion something was said that carried him back to his boyhood, and his servant was ordered to bring him a certain package, which was very carefully opened and its contents showed to me. "Here," said Sir James, "are my school books, my first writing books, my cyphering books, and these are my mathematical manuscripts. You see I have kept them all." They were in perfect preservation, and arranged after the order of time. The writing was excellent, and the neatness of them all showed how early had been formed the habit of doing well what he had done. Here was an old man, between eighty and ninety, and here were the records of his earliest days. He took obvious pride in them, and it was without an effort, to take part in his feelings, and to express the pleasure which such a passage in such a life had excited. Something was said of the interest which would be taken in the history of such a life. Sir James said that he had written a work, in many volumes, of every important event in which he had taken a part. It was finished for

the press. But he thought it his duty to the Czar to tell him what he had done. Nicholas begged him to destroy it; and with so much emphasis was the request made, that he promised to comply with it, and had performed his promise. The record of a long life, which had been spent in the active and responsible service of four monarchs, and in the most important portions of Russian history; which, in fact, embraced almost literally, the whole existence of that Empire, was in a moment destroyed. The evidence which had just been showed to me, in the minutest details, of the care in which had been preserved the earliest records of his life—the intellectual habits of this old man abundantly showed how well fitted he was for just such a work as he had described to me. The regret was expressed at the loss of such an autobiography. The answer was, that the Emperor had directed it, and he had obeyed the command.

Sir James expressed again and again his regard, his reverence, his affection, for the Emperor. It was clear that great confidence had been reposed in him, and that he was under great obligations to Nicholas. I was told that Sir James was very rich, his property being between five and six million roubles silver. I asked who would be his heir. The Emperor, was the reply. He has left his whole property to him. I called to see him on Saturday. Among other things, he expressed a strong desire that I should go the next day to Petersburg, to be introduced to the Emperor. That Carrell would be there—that he would give me a letter to him, and that he knew I would be graciously received. I thanked him for his interest in me, but felt obliged to decline his offer. This surprised and moved him. "Not go to Peterhoff! after having come so many thousand miles, and go away without seeing the Emperor! You must go, and I will promise you a decoration—yes, a decoration? and will *you* lose the chance of such an honor. I cannot understand what possible objection you can have. I pray you to go." I said that I had been to Peterhoff, and had devoted a day to an examination of all its treasures of art and of nature, and I feared I could not accept his most kind offer. I did not go.

Sir James gave me copies of his published works. Among these was a thick volume on the *Materia Medica* of Russia. The day before I left St. Petersburg I called to make my visit of leave. I found him very ill. He had passed a wretched night, and was breathing with so much agony, and was so exhausted, that he could hardly raise his hand to me, or say farewell. He was stretched out on the sofa, as he was when I first saw him, and it seemed impossible that he would ever rise from it again. I thanked him for all the kindness he had showed me, and took my leave. It was not without sadness, this leave-taking, at the borders of the grave.

—We extract from a daily paper the following account of foreign Chemical Laboratories :—

The German Laboratories offer, certainly, very superior advantages to all who choose to be diligent; and one can stay with profit at

almost any of them ; but it is best for the student to spend some time in more than one. As it is a feature of German character to investigate particular branches, so the different laboratories vary according to the *forte* of their professors.

For *Analytic Inorganic Chemistry* the laboratory of Rose of Berlin has the highest reputation, but then he takes but one or two students, and these places are generally engaged beforehand. They have been filled by American students for some time.

For *Analytic Organic Chemistry* of course Liebig's laboratory in Munich stands the highest. He takes about six students, and his laboratory arrangements are fine. It is not easy to get a place there, but an American can generally succeed. His charges are (I think) 60 florins (\$24) per half year, and 20 florins (\$8) more for his lectures.

For various kinds of *Mineral Analysis*, as that of the silicates, for all kinds of gas determinations, and for general chemistry, the laboratory in Heidelberg, under Prof. Bunsen, stands decidedly at the head.

Prof. Bunsen is the best gas analyst in the world, and his lectures on general chemistry are said to be as good as any delivered in Germany. The Professor is a most capital fellow. The laboratory is new and the best in Germany. It accommodates 50 students, and has been filled for the last year, but Americans can easily get places. Charges, 46 florins (\$18 40) for laboratory, and 20 florins (\$8) for lectures.

For making chemical preparations, and the general study of organic chemistry, Prof. Wöhler, of Göttingen, is, perhaps, the best. More Americans study with him than at any other laboratory in Europe, and I have heard him praised by all ; but his laboratory is not as well arranged as some others. It is no place to study inorganic chemical analysis.

For beginners, and those at work on *qualitative* analysis, the laboratory of Prof. Fresenius, at Wiesbaden, is very good, although for advanced students it is inferior to either of the two mentioned before it—Bunsen's and Wöhler's. I have known some who have studied there, and they were pleased. I visited it but a few days ago. The arrangements are very good ; charges were about the same as those at Heidelberg, I think, but can not speak positively.

The laboratory of Prof. Erdman, in Leipsic, is a very good one, and I know several Americans who have studied there. They were pleased, on the whole, but still hardly recommend the place ; charges less than those mentioned ; many lectures are free.

These are the principal *German* laboratories, and for most purposes I would decidedly recommend those of Bunsen and Wöhler as standing at the head, giving Bunsen the preference, as I think him the most philosophical chemist of the day.

As near as I can ascertain, the laboratories of Paris are not as good for work as those of Germany, but one may hear good lectures in the *Winter*. I forgot to say that Bunsen's lectures are on General Inorganic Chemistry, there being two similar courses each year. Liebig's lectures are on Inorganic in Winter and Organic Chemistry

in Summer. At all of these Universities there are various courses on technical, applied, and special Chemistry, by various professors, which are accessible.

There are some five or six Professors of Chemistry in the Heidelberg University, and four working laboratories.

In German Universities there are two terms per year (called *semestres*)—one commencing about the middle of October and lasting until about March 15; the next commencing about May 15, and ending August 15. Chemical, as well as other students, must be *matriculated* in the University, which costs various prices in various Universities. Here it is about \$4 40 (11 florins). Living expenses are rather less than in cities of corresponding size in America; and are, of course, modified by the wants and funds of the individual. A student can live for \$400 per year, expenses all in; can live easily, if economical, and buy some books, for \$500; while many spend nearly twice that. The matter of books and apparatus is an important item, and both are cheaper than in America. Both must be furnished by the student himself, the laboratory furnishes nothing but the commonest articles.

It is well to learn something of the language before coming here; but one acquires it faster here than at home. All the principal German chemists speak English and French, and one can pick up enough of the German language in a few months to understand lectures, although it takes at least a year to become familiar enough to work well. The best time for entering the laboratories is with the Winter half year, or 15th of October, but one can enter at any time.

—Died, at Morris, Otsego Co., N. Y., March 7, WILLIAM YATES, Esq., Surgeon, aged 90 years.

Born in England, he studied medicine with Sir James Earle, of St. Bartholomew's Hospital, in London. Inheriting an ample fortune, he exercised his benevolent inclinations in conducting for several years, at his own expense, a private Lunatic Asylum, and treated, with great success, a large number of pauper lunatics, upon the humane plan. Owing to an unfortunate accident in this Asylum, he relinquished this scheme, and sailed for America, where he arrived in June, 1799. "Previously, he had become greatly interested in the subject of *vaccination*, which was then just becoming known to the medical profession in England. Before sailing, he made the personal acquaintance of Dr. Jenner, obtained from his hand a large supply of the *virus*, and from his mouth all additional particulars. Immediately on his arrival in Philadelphia he engaged himself with all the zeal of an ardent and philanthropic mind, to disseminate the knowledge of the then new discovery. And it is certain that he was the *first to introduce into America* this great boon to humanity, although the credit of its first introduction has been generally accorded to another."